



**State of Hawaii
Report on Fiscal Year 2011**



Director's Message for DHS 2011 Annual Report

The Department of Human Services (DHS) serves vulnerable and needy adults and children across the Islands. Our employees work hard to provide timely, efficient and effective programs, benefits and services that empower clients to achieve self-sufficiency, self-determination, independence, healthy lifestyles and personal dignity.

DHS is the State's second-largest department and manages an annual budget of \$2 billion. Work force reductions and hiring freezes implemented by the previous administration cut into our efficiency, but DHS is successfully restoring personnel capacity and government functions. We are collaborating with community partners, re-engineering client service delivery systems and updating our information technology infrastructure. This report provides an in-depth explanation of how DHS is streamlining government along the lines of the Governor's New Day Initiative.

DHS operates four divisions: Social Services, Benefit, Employment & Support Services, Med-QUEST and Vocational Rehabilitation & Services for the Blind. Together, these divisions:

- Help clients escape poverty and achieve full employment
- Prevent abuse and neglect among children and vulnerable adults
- Strengthen families and promote positive youth development
- Provide high-quality public health insurance to low-income adults and children
- Empower people with disabilities so they can enter or re-enter the workforce.

It has been a challenging first year serving as Director of the Department of Human Services. Many thanks to all DHS staff who remained committed to the Department during tough times, and for continuing to help the most vulnerable people in our communities.

Mahalo,

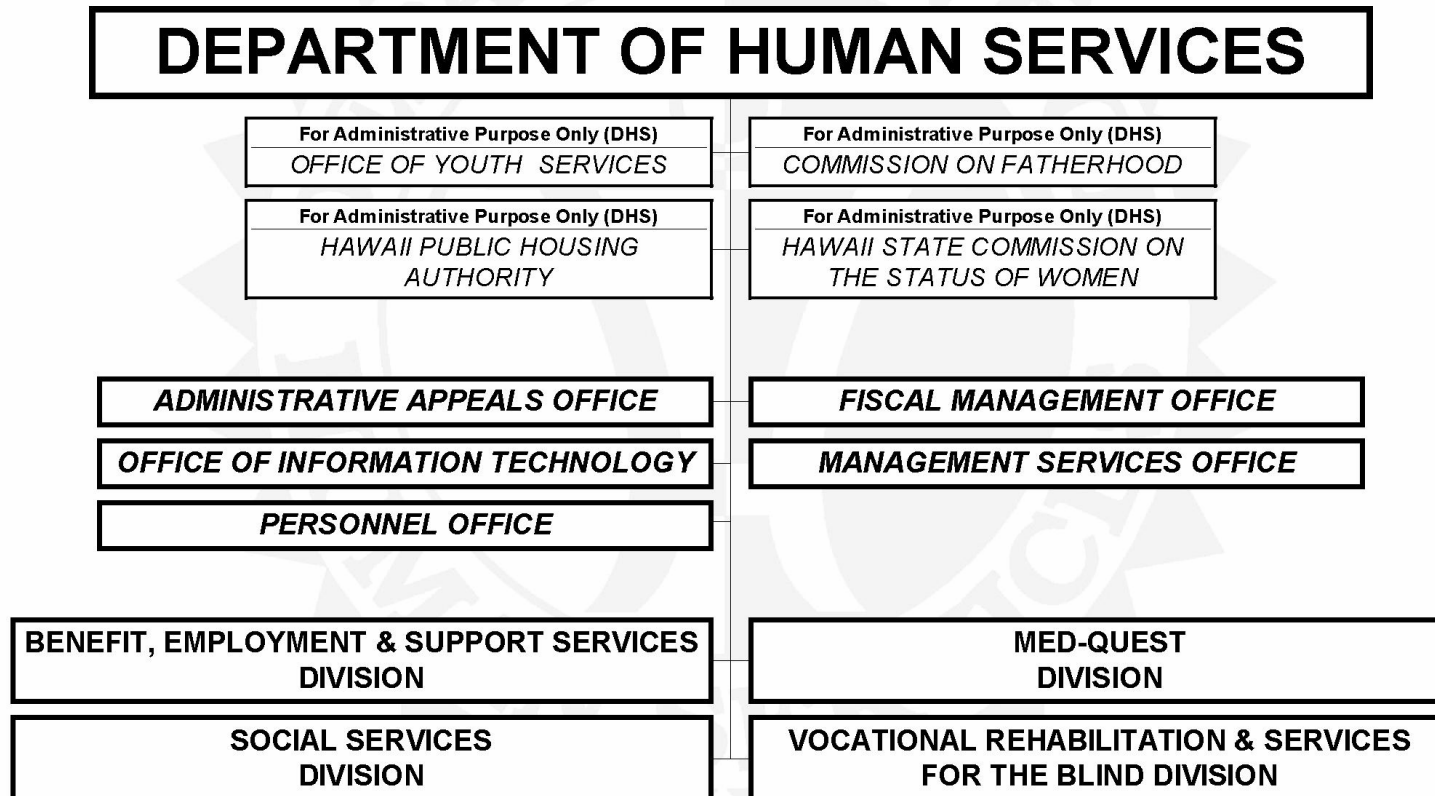
A handwritten signature in black ink, appearing to be the name Patricia McManaman.

Patricia McManaman, DHS Director

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The Queen Liliuokalani Building located at 1390 Miller Street in downtown Honolulu is home to the administrative offices of the Department of Human Services.

CHAPTER ONE: INTRODUCTION

The Territorial Department of Public Welfare was reorganized as the State Department of Social Services and Housing (DSSH) by the State Legislature in 1959 after statehood. In 1988, the Department was again reorganized and redesignated as the Department of Human Services (DHS). Currently, DHS has about 1,800 permanent positions and an annual budget of over \$2.2 billion dollars.

Our committed staff strives day-in and day-out to provide timely, efficient, and effective programs, services, and benefits to empower those who are the most vulnerable in our State to expand their capacity for self-sufficiency, self-determination, independence, healthy choices, quality of life, and personal dignity.

DHS has four divisions that provide different kinds of assistance.

- The Benefit, Employment and Support Services Division (BESSD) provides financial assistance, employment support, dependency diversion and prevention services, and child care licensing.
- The Med-QUEST Division (MQD) provides health insurance to low-income families, children and individuals.
- The Social Services Division (SSD) provides protective services for abused adults and children, family strengthening, child abuse and neglect prevention services, and licensing some long-term care home and community-based providers.
- The Vocational Rehabilitation and Services for the Blind Division (VRSBD) helps persons with disabilities and the blind become employed start their own businesses and live independently.

DHS also has two administratively attached agencies: the Office of Youth Services (OYS) and the Hawai`i Public Housing Authority (HPHA). OYS maintains the State's only youth correctional facility and provides community-based services to Hawai`i's at-risk youth to prevent. HPHA manages and maintains housing and emergency shelter and transitional shelter opportunities with resident support services to Hawai`i's residents.

The Hawaii State Commission on the Status of Women (HSCSW) and the Hawaii State Fatherhood Commission are administratively attached to DHS. The HSCSW was established to aid implementation of recommendations, to develop long-range goals and to coordinate research planning, programming and action on the opportunities, needs, problems and contributions of women in Hawaii. The Hawaii Commission on Fatherhood was established by Act 156, SLH

2003, and directs the Commission to serve in an advisory capacity to State agencies to promote healthy family relationships between parents and children.

The four divisions of DHS, along with the two administratively attached agencies are assisted by five staff support offices. Staff provide administrative hearings for clients, fiscal management, information technology systems support, management services, research, personnel and other services. DHS maintains statewide offices in 88 separate locations.

CHAPTER TWO: SELF-SUFFICIENCY

The mission of DHS is to provide timely, efficient and effective programs, services and benefits to empower those who are the most vulnerable in our State to expand their capacity for self-sufficiency, self-determination, independence, healthy choices, quality of life and personal dignity.

A. BENEFIT, EMPLOYMENT AND SUPPORT SERVICES DIVISION (BESSD): Programs, Services, Achievements, and Looking Ahead

The Benefit, Employment and Support Services Division (BESSD) staff provides basic support to needy families, such as financial assistance and supplemental nutrition assistance program (SNAP) benefits. The BESSD also provides an array of job-readiness trainings, educational and vocational trainings, job placement and retention services, child care, transportation and work related expenses to assist clients in achieving self-sufficiency.

1) TEMPORARY ASSISTANCE FOR NEEDY FAMILIES (TANF) and TEMPORARY ASSISTANCE FOR OTHER NEEDY FAMILIES (TAONF)

Program Description

TANF and TAONF are the time-limited programs for needy adults with dependent children. They are designed to require able-bodied adults to engage in work activities and to provide services to individuals who are unable to work. The TANF and TAONF programs promote and require the recipients to engage in work and promote self-reliance, responsibility, and family stability. Both the TANF and TAONF programs offer a package of incentives and penalties, child care and transportation support for working parents, and reimbursement for pre-approved work related expenses (for example, tools, uniforms, union dues, etc.)

TANF and TAONF provide monthly cash benefits to qualifying families for food, clothing, shelter, and other essentials. To qualify, a family must include dependent children under the age of 19 and the family's total gross income must be under 185% of the 2006 Federal Poverty Level (FPL). For a household of three persons, this means the monthly gross income must be less than \$2,941, and the net income must be under 38% of the 2006 FPL or under \$610 if the household includes an employable adult. All TANF/TAONF households are permitted to acquire resources or assets, but the combined total must be less than \$5,000. Vehicles, and the home in which a household resides, are not included as assets or resources.

Family participation in TANF or TAONF depends on the household composition. Effective October 2009, families where all members are U. S. citizens and the child has one or two legal parents residing in the home are eligible for federally-funded welfare under TANF. Families that include at least one non-citizen or at least one citizen from the Compact of Free Association nations (COFAs) are eligible for state-funded welfare under TAONF. Non-citizens are legal immigrants residing for less than 5 years in the U.S. or permanent resident aliens residing in the U.S. for more than 5 years. Other than these different funding sources, the TANF/TAONF programs are identical.

In July 2007, payment standards were increased for the first time since 1994. Payment standards went from 62.5 % of the 1993 FPL to 50% of the 2006 FPL. Effective July 1, 2009, the payment standards were reduced to 48% of the 2006 FPL as a cost saving measure for the State. These reduced amounts were still more than the 1994 payment amounts.

The Department continues to provide dependency prevention and poverty prevention programs and services.

- Since 2004, the Department has provided Positive Youth Development and Family Strengthening programs to improve the lives of needy keiki, teens and their parents through programs that reduce truancy, crime, out-of-wedlock pregnancies, substance abuse and child abuse. These programs include: the UPLINK program which is offered by the Department of Education and after school programs at youth centers statewide and by private agencies such as PACT, Goodwill Industries, the Salvation Army, Susannah Wesley, and Catholic Charities. These programs engage youth in positive activities and discourage risky behaviors leading to pregnancy, substance abuse and crime. The programs provide positive information that promotes healthy choices and outcomes. National studies confirm that positive youth development programs reduce teen pregnancy, school drop-outs, substance abuse and other risky behaviors leading to dependence on government aid.
- The Up-front Universal Engagement (UFUE) program began as a grant diversion program in 2005 to divert families away the welfare system. It was revised in 2008 to a pay-after-performance TANF assistance program. Clients were required to participate in and comply with work-related activities before the family could receive regular TANF or TAONF assistance payments. Following full implementation of the pay-after-performance system, 55% of households in State FY 210, were diverted away from the TANF program and into the job market.
- In FY 2006, the DHS implemented SEE Hawaii Work (Supporting Employment Empowerment) to help businesses meet their labor demands and to provide additional work opportunities for individuals on public assistance. The subsidized wage program provides pre-screened candidates to companies for private sector employment. Employers can then train and employ those individuals who have previous job experience or basic employment skills. The employer sets and pays the wage to the SEE employee (welfare recipient) and the State reimburses the employer 100% of the State's hourly minimum wage plus 50% of every dollar paid in wages over minimum wage up to \$12 an hour. The employer is also reimbursed 14% of the wages to cover employer expenses and overhead. In addition, the State provides transportation and child care assistance to the SEE participants.
- In 2006, DHS began offering new financial incentives to encourage clients to seek and maintain employment. So far, 15,716 employed welfare recipients have received work incentive subsidies and/or "Reward Work" payments along with their employment wages. These payments have totaled to \$29,825,521.
 - Reward Work allows welfare recipients who are participating in employment activities to keep 100% of their monthly cash assistance during the first two years on welfare, while they work. Previously, welfare checks were reduced when clients began working, which was a disincentive to employment. In addition, Reward Work provides two months of rent payments to help clients stabilize their housing.
 - Reward Work initiatives include an Employment Subsidy program that allows families who used up their 60 months of welfare eligibility to receive an additional work support of \$200 per month as long as they remain employed and increase their hours of employment. Eligibility for this program was expanded from 24 months to 60 months.
 - Another Reward Work initiative is a job exit/job retention program that pays bonuses for up to 24 months to families who leave assistance in less than 25 months and remain off assistance and employed.

Please note that the DHS terminated all financial incentives programs in January 2012 due to budget constraints. The last incentive payment to eligible recipients was made in December 2011.

Program Goal

Families will achieve financial self-sufficiency.

Objective	Measurements
The economic well-being of the client will improve.	<ol style="list-style-type: none">1. Average earnings per case will increase.2. The proportion of individuals working will increase.3. Total income will increase.4. Hours worked will increase.
Family stability will improve.	The percentage of intact (two-parent) households will increase.
Recidivism will be reduced.	Fewer cases will return to welfare once off the system.
Financial assistance program savings will increase.	Financial assistance program costs will decrease.

TANF/TAONF Program Achievements

Hawaii's welfare reform program is innovative, progressive and realistic. It provides the appropriate combination of incentives to work and disincentives to remain dependent on public assistance.

- The cost of assistance per TANF household has decreased from a high of \$611 in 1997 to \$535 in fiscal year 2011. The cost of assistance per TAONF household decreased from \$689 per household in 1997 to \$481 in fiscal year 2011.
- The average length of time on assistance decreased from 30 months in 1997 to 14.1 months in 2009. Due to the economic recession, however, there were increases to 15.2 months in FY 2009 and 16.5 months in FY 2011.
- With the implementation of our welfare reform waiver in December 1996, the number of families receiving assistance decreased from 22,785 cases to 8,661 cases in June 2009. However, the caseload increased to 9,448 in June 2010 and to 10,014 in June 2011. The 5.9% increase in the TANF/TAONF caseload can be attributed to an increase in the number of COFA families being assisted in the TAONF program and the economic recession. From FY 2010 to FY 2011, COFA cases increased by 3.6%. COFAs made up 54.7% of the total TAONF caseload.
- In 2010, 2,096 households were employed, earning a gross income of \$1.9 million per month and representing a monthly cost savings of \$674,791. In 2011, 2,278 households were employed, earning a gross income of \$2.27 million per month, representing a monthly cost savings of \$728,383.
- Contracts with community agencies to provide statewide employment support for two-parent households have been increased.

TANF/TAONF Caseload

Fiscal Year	Families per Month Average	Average Time on Assistance
1997	22,333	30
1998	23,530	29
1999	23,659	27
2000	21,782	13*
2001	19,464	13.3*
2002	16,940	14.8
2003	14,362	16
2004	12,915	15.4
2005	10,642	15
2006	9,837	15
2007	8,381	16
2008	8,358	13
2009	8,661	14.1
2010	9,448	15.2
2011	10,014	16.5

*Average time on assistance was re-computed from the start of TANF/TAONF on July 1997.

Welfare Costs (By Selected Months)

	Sept 1997	July 2007	July 2008	July 2009	July 2010	July 2011
Number of Households Assisted	23,573	8,381	8,358	8,661	9,448	10,014
Monthly Benefits Paid to Households	\$12.92 million	\$4.6 million	\$4.75 million*	\$3.46 million	\$5.29 million	\$5.63 million
Gross Earned Income Reported	\$3.7 million \$568/mo \$6,816/yr	\$1.5 million \$903/mo \$10,836/yr	\$1.6 million \$930/mo \$11,160/yr	\$1.8 million \$933/mo \$11,196/yr	\$1.9 million \$951/mo \$11,412/yr	\$2.3 million \$996/mo \$11,951/yr

* Standard of assistance was raised from 62.5% of the 1993 FPL to 50% of 2006 FPL effective July 1, 2007 which explains the higher welfare expenditure for July 2008; the standard of assistance decreased from 50% to 48% of the 2006 FPL effective July 1, 2009.

- BESSD continues to focus on expanding training and skill-building programs for clients with a disability or other significant barrier. We have contracted services for victims of domestic violence (DV), substance abuse, and individuals with physical or mental disabilities. DV work requirements may be suspended for up to six months to permit program participation with a possible extension of six months. The assessments are conducted on an individual basis to keep the parents focused on working, or returning to work, as soon as it is safe to do so. Compliance with substance abuse programs, medical treatment and skill-building programs are conditions of eligibility for those who need these services. The focus is on helping families achieve self-sufficiency through the contracting of case management services for recovery activities, employment and skill development. These programs and services are intended to improve the self-sufficiency skills of all our families and enable them to comply with changes to federal welfare laws. All adults are now required to participate in some work related activity, whether it is training, counseling, or work to maintain eligibility.
- SEE Hawaii Work (Supporting Employment Empowerment) is an employer and business-friendly program that is a win-win-win for welfare clients, employers and State taxpayers.
 - SEE transforms lives by helping welfare moms and dads break multi-generational cycles of poverty, find rewarding jobs in the private sector and stay engaged in gainful employment.
 - SEE stimulates the economy by helping companies meet their labor demands with minimal cost and effort. Prior to SEE, most of these companies had not hired from the welfare rolls.
 - SEE saves taxpayer dollars by reducing our welfare rolls. Most of the SEE clients are either hired by the companies that trained them, or obtain employment with other businesses.
 - In SFY 2011, a total of 789 welfare recipients participated in the SEE program.
- Bridge to Hope (BTH) is a nationally recognized, model partnership between the University of Hawai'i and the State Dept. of Human Services (DHS). Since 2000, it has supported post-secondary education as a means for welfare recipients to achieve life-long economic self-sufficiency, leaving not only welfare but also poverty. BTH has helped individuals earn a college degree while they work on campus.
- The Supplemental Security Income (SSI) advocacy program, through contracts with the Legal Aid Society of Hawaii (LASH), continues to assist disabled individuals receiving federal TANF assistance, and eligible State-funded individuals in the TAONF, General Assistance (GA), and Aid to the Aged, Blind, and Disabled (AABD) programs to qualify and receive SSI federal benefits. These are higher than our State benefits, and not time-limited. Through the LASH advocacy contract 11% of all TANF/TAONF referrals were approved for SSI/SSDI. Approvals were only for TANF applicants/recipients and for whom the State does not receive federal reimbursements.
- The Department continues to implement dependency diversion and poverty prevention programs and services with the goal of preventing people from needing welfare and keeping people off welfare.
- The medical review process for disabled General Assistance (GA), TANF and TAONF recipients is performed by contracted physicians and psychiatrists. It standardizes the determination of disability to emphasize ability to work and treatment compliance to ameliorate the disability, and enables these recipients to work. We also implemented a new medical review panel to review all medical findings and to more consistently plan for appropriate support services. With these physician and psychiatrist disability determinations, vocational rehabilitation contractors will be better able to service applicants and recipients, and assess the amounts and types of activities the TANF applicant or recipient may perform.

- The definition of “temporarily absent and eligible households” was statutorily changed to maintain family assistance while parents are receiving substance abuse and domestic violence services and to allow these services to be funded with federal dollars.
- The reporting system was simplified to decrease the reporting requirements and improve access to our systems.
- We are continuing the 21-day pay-after-performance requirement for TANF/TAONF applicant families, except for those with children under the age of six months, those without an adult in the household, and those with one adult caring for a disabled household member.

Future Planned Improvements

- Revised and expedited financial assistance rules are proposed for implementation in March 2012. The revised rules will enable eligible persons who meet the criteria to receive their first month’s benefit in an expedited manner. Combined with the Business Process Re-engineering Project (BRPR) that changes the case management process to a task-oriented process, we are continuing to expedite applications so individuals can enter the work program faster.
- We continue to recommend that all potentially eligible TANF/TAONF applicants/recipients apply for Social Security Disability or Supplemental Security Income benefits.

People Served by the TANF/TAONF Programs

Each family that receives financial assistance is unique. However, we can identify common characteristics. The average case size (family size) was 2.63 people for TANF and 3.18 people for TAONF in FY 2011.

Composition of TANF/TAONF Households

Household Composition	TANF	TAONF
No Eligible Adult and 1 Child	16%	7%
No Eligible Adult and 2 Children	6%	2%
No Eligible Adult and 3 or More Children	4%	<1%
1 Adult and 0 Children	5%	5%
1 Adult and 1 Child	24%	19%
1 Adult and 2 Children	14%	10%
1 Adult and 3 Children	7%	5%
1 Adult and 4 or More Children	5%	4%
2 Adults and 0 Children	3%	7%

2 Adults and 1 Child	5%	11%
2 Adults and 2 Children	5%	12%
2 Adults and 3 Children	4%	9%
2 Adults and 4 or More Children	2%	9%

(Note: Percentages may not total exactly 100% due to rounding.)

Ethnicity of Individuals Served by TANF/TAONF Programs

Ethnicity	TANF	TAONF
Other Pacific Islander	4%	81%
Hawaiian/Part-Hawaiian	43%	1%
Caucasian	25%	3%
Filipino	11%	7%
Samoan	8%	1%
Asian	6%	5%
Other	3%	2%

Heads of Households of TANF/TAONF Families

Heads of Households	TANF	TAONF
Female	75%	64%
Male	25%	36%
Under 35 Years Old	70%	60%
Never Married	55%	39%
Married	24%	43%
Common Law	6%	8%

Separated or Divorced	15%	6%
Widowed	<1%	1%
Head of Household Disabled	4%	4%
Head of Household with Grade 12 or Higher Education	81%	61%

Households that include an adult without work barriers are allowed to receive TANF or TAONF cash benefits for a lifetime maximum of five years (60 months). In FY 203, 1,251 cases were closed due to time-limits; in FY 204, 852 cases were closed. In keeping with the caseload reductions, the figure continued to decrease through 2011. The Department continues to expand its outreach activities to ensure that families approaching the five-year limit are prepared and have a self-sufficiency plan. Job preparation, job search skills, training and educational services are available. We also have expanded our supportive services for individuals with barriers to employment. Our intent is to assist families towards self-sufficiency as expeditiously as possible.

Cases Closed Due to the 60-Month Time Limit

Year	# Cases Closed
2003	1,251
2004	852
2005	708
2006	517
2007	477
2008	434
2009	415
2010	228
2011	359

2) FIRST-TO-WORK (FTW)

Program Description

The First-to-Work (FTW) program, implemented in FY 1997, is designed to assist the Work Eligible Individuals (WEI) adults with families enter the workforce. FTW serves Temporary Assistance for Needy Families (TANF) and Temporary Assistance for Other Needy Families (TAONF) applicants and recipients. FTW emphasizes: job readiness, employment, skill-building, and training activities. FTW also provides supportive services such as child care, transportation reimbursement and work-related expenses.

FTW offers a variety of work and work support programs to TANF and TAONF recipients through partnerships and contracts with public and private agencies. These programs include pre-employment training services, adult basic education, job development services, subsidized employment placements, domestic violence counseling and legal services, work program case management, adult basic skills, vocational rehabilitation services, and homelessness placement programs and services.

Program Goal

To assist TANF and TAONF work eligible individuals with families to obtain employment and to become self-sufficient.

WEI Served by the First-To-Work (FTW) Program

Island	FY 07	FY 08	FY 09	FY 10	FY 11
Oahu	4,398	4,239	5,171	5,542	5,720
Hawaii	1,576	1,624	2,553	2,762	2,871
Maui/Molokai	528	608	950	985	1,048
Kauai	240	269	377	382	418
Total	6,742	6,740	9,051	9,671	10,057

* Number of adults served by the FTW Program are all TANF/TAONF applicants. They are monitored for 2 weeks of work activity compliance for a period up to 21-days. TANF/TAONF benefits recipients who are Work Eligible Individuals are defined and identified by federal regulations, including UFUE and SEE Hawaii Work participants.

Age Distribution of FTW Clients

Age	FY 2010		FY 2011	
	Count	Percent of Total	Count	Percent of Total
<16	0	0%	0	0%
16 to 24	2,588	26.8%	2,448	24.3%
25 to 34	4,066	42.0%	4,255	42.4%
35 to 44	2,111	21.8%	2,297	22.8%
45 to 55	758	7.8%	879	8.7%
55+	148	1.6%	181	1.8%
Total	9,671	100%	10,057	100%

Ethnic Distribution of FTW Clients

Ethnicity	FY 2010		FY 2011	
	Number	Percentage	Number	Percentage
Part Hawaiian	2,915	30.1%	3,011	30.0%
Caucasian	1,879	19.4%	1,986	19.7%
Filipino	968	10.1%	1,031	10.3%
Samoaan	554	5.7%	580	5.8%
Asian	566	5.9%	603	6.0%
Black, Hispanic	815	8.4%	781	7.8%
Other	1,974	20.4%	2,055	20.4%
Total	9,671	100%	10,057	100%

Highlights of the First-to-Work Program in FY 2011

- Success in Meeting Desired Outcomes and Work Participation Rates:

As a condition of receiving and expending TANF federal block grant funding and state MOE for financial assistance, the federal government mandates that states meet two work participation rates: 1) a two-parent participation rate where in 90% of cases there are two work eligible parents complying with their federally mandated work participation; and 2) an all-family participation rate where 50% of all cases have at least one work eligible individual complying with their federally mandated work participation.

The 50% compliance rate for the all-family rate is the federal baseline before factoring in the caseload reduction credit, a credit to the State for declining assistance caseloads. Hawaii's caseload reduction credit for FFY 211 is estimated to be 57.2%. The adjusted all-family work participation requirement to be met is -7.2% ($50\% - 57.2\% = -7.2\%$). As of the third quarter of FFY 211, 40.7% (from three quarters of TANF Extract reports) of mandatory households were meeting the work participation requirements. Therefore, Hawaii is currently exceeding the required participation, 40.7% compared to -7.2%.

The 90% compliance rate for the two-family rate is the federal baseline before factoring in the caseload reduction credit. The same estimated caseload reduction credit for FY 2011 of 57.2% can be applied. The adjusted two parent work participation requirement to be met is 32.8% ($90\% - 57.2\% = 32.8\%$). As of the third quarter of FFY 2011, 48.5% (from three quarters of TANF Extract reports) of mandatory households were meeting the work participation requirements. Therefore, Hawaii is currently exceeding the required participation, 48.5% compared to 32.8%.

- There were 6,304 intakes (new participants) into the First-to-Work Program in FY 2011.
- 6,288 participants were enrolled in Job Search and Job Readiness in FY 2011.
- 3,599 people participated in Work Experience and Community Services placement in FY 2011, which are unpaid job experience activities.
- 5,685 participants were engaged in unsubsidized employment in FY 2011. Of this group: 1,655 participants were in unsubsidized employment of less than 20 hours per week; 1,535 participants were in unsubsidized employment 20-29 hours per week; and 2,495 participants were in unsubsidized employment of 30+ hours per week. The average hourly wage for these participants was \$8.95, and the median hourly wage was \$8.00.

- in FY 2011, 789 participants were active in the SEE (Supporting Employment Empowerment) Hawaii Work program, a subsidized employment activity. Of that total, 459 successfully completed their SEE assignments. The average subsidized hourly wage for a SEE participant in FY 2011 was \$8.95.
- 375 SEE participants or 82%, transitioned into unsubsidized employment, and have exited TANF. Many of them for the first time in their lives.
- A total of 297 employers participated in the SEE program in FY 2011. 158 or 53% of those employers hired welfare recipients.
- 149 participants were active in basic education, which includes GED preparation, Adult Basic Education, and ESL in FY 2011.
- 1,194 participants were active in vocational training and post secondary education in FY 2011.
- 964 participants, or 12%, exited the FTW program due to employment in FY 2011.

Future Performance Targets

- Improve the work participation rate by 5% in FY 2012 to lessen the reliance on caseload reduction credits.
- Increase the percentage of SEE placements transitioning to unsubsidized employment by 5% in FY 2012.
- Increase participants exiting the FTW program due to employment by 5% in FY 2012.
- Increase the average hourly wage of participants in unsubsidized employment by \$1.00.

3) EMPLOYMENT AND TRAINING (E&T)

Program Description

The Employment and Training (E&T) program is a statewide work program designed to assist able-bodied adults enter the workforce. E&T exclusively serves Supplemental Nutrition Assistance Program (SNAP) recipients and places emphasis on employment, work experience, vocational training, on-the-job training, and limited job search activities. E&T also provides supportive services in the form of a participant reimbursement to cover work-related expenses and child care.

Program Goal

To assist able-bodied persons receiving SNAP benefits (formerly called Food Stamps) to obtain employment and to become self-sufficient.

FY 2010 and FY 2011 Achievements and Highlights

- There were 1,172 intakes into the E&T program in FY 2010 and 1,768 intakes in FY 2011.
- 1,739 clients were served in FY 2010 and 1,768 were served in FY 2011.
- A total of 1,007 clients were employed in FY 2010 and 1,039 were employed in FY 2011.
- A total of 898 clients were in job readiness components in FY 2010 and 852 clients were in job readiness components in FY 2011.

- A total of 112 clients were in an Adult Education component in FY 2010 and 82 clients in FY 2011.
- A total of 132 clients were in a vocational training component in FY 2010 and 139 clients in FY 2011.
- A total of 667 clients were involved in work experience in FY 2010 and 659 clients in FY 2011.
- There were a total of 179 exits due to employment in FY 2010 and 187 exits in FY 2011
- In FY 2010, the average exit wage was \$9.66 per hour and the median wage was \$8.00 per hour.
- In FY 2011, the average wage at exit was \$11.48 per hour and the median wage was \$10.00 per hour.

Future Performance Targets

- To have 1,000 E&T clients employed by June 30, 2012.
- To have 300 E&T clients exit due to employment by June 30, 2012.
- To have 500 E&T clients involved in work experience programs by June 30, 2012.

People Served by the E&T Program

Employment and Training Clients Served By County

Island	FY 07	FY 08	FY 09	FY 10	FY11
Oahu	1,331	1,195	1,114	1,056	1,061
Hawaii	93	93	134	177	175
Maui	190	182	266	351	395
Kauai	79	64	114	155	137
Total	1,693	1,534	1,628	1,739	1,768

Age Distribution of Employment and Training Clients

Age	FY 2010		FY 2011	
	Number of Clients	Percent of Total	Number of Clients	Percent of Total
<16	0	0.07%	0	0%
16 to 24	446	25.6%	340	19.3%
25 to 34	461	26.5%	464	26.3%
35 to 44	429	24.7%	427	24.2%
45 to 55	353	20.3%	406	23%
55+	50	2.9%	131	7.2%
Total	1,739	100%	1,768	100%

Ethnic Distribution of Employment and Training Clients

Ethnicity	FY 2010		FY 2011	
	Number of Clients	Percent of Total	Number of Clients	Percent of Total
Part Hawaiian	527	30.3%	486	27.4%
Caucasian	546	31.4%	571	32.3%
Filipino	217	12.5%	260	14.7%
Samoaan	82	4.7%	90	5.1%
Asian	156	9.0%	155	8.8%
Black	52	3.0%	52	3.0%
Hispanic	112	6.4%	97	5.5%
Other	47	2.7%	57	3.2%
Total	1,739	100%	1,768	100%

4) CHILD CARE CONNECTION HAWAII

Program Description

The Child Care Connection Hawaii Program (CCCH) is a statewide service that offers child care licensing and child care payment assistance to needy families. Under the licensing program, the primary goal is to ensure the safety, health and well-being of children cared for within licensed facilities. Under the payment assistance program, financially needy families can apply for child care assistance if they work or are attending training to become self-sufficient.

Program Goal

To assist able-bodied persons receiving cash assistance to obtain employment and to become self-sufficient.

Program Highlights - Child Care Connection Hawaii in FY 2010 and FY 2011

- There were 21,296 active families receiving Child Care payment assistance for 29,271 children in FY 2010. There were 19,945 active families receiving Child Care payment assistance for 27,178 children in FY 2011.
- The fewer number of families and children receiving child care subsidies is attributed to changes in child care rules that included reduced child care services rates, and sliding scale fees. The decrease in subsidies for most families resulted in many changing child care providers or dropping out from the subsidy programs.
- Payments totaling \$52,802,409 were made to families in FY 2010; Payments totaling \$31,461,656 were made to families in FY 2011.
- Number of Family Child Care Homes Licensed in FY 2010: 674; Number of Family Child Care Homes Licensed in FY 2011: 656

- Number of Group Care Centers (includes Group Child Care Homes, Before and After School, and Infant/Toddler Centers) in FY 2010: 633.
- Number of Group Care Centers (includes Group Child Care Homes, Before and After School, and Infant/Toddler Centers) in FY 2011: 646.
- Licensed Child Care Slots Available in FY 2010: 36,001.
- Licensed Child Care Slots Available in FY 2011: 36,634.

Future Performance Targets

FY 2012 performance targets for the Child Care Connection Hawaii Program:

- To have 660 Family Child Care Homes licensed by June 30, 2012.
- To have 650 Group Care Centers licensed by June 30, 2012.
- To have an additional 200+ Child Care Slots available by June 30, 2012.
- To provide child care payments for an additional 300+ children by June 30, 2012.

Ethnic Distribution of Children Receiving Child Care: FY 2010 & FY 2011

Ethnicity	FY 2010	FY 2011
Part Hawaiian	29.13%	30.71%
Caucasian	18.97%	17.67%
Filipino	17.06%	15.85%
Samoaan	3.64%	4.70%
Asian, Black, Hispanic	18.04%	16.13%
Other	13.16%	14.95%

5) HAWAII HEAD START COLLABORATION PROJECT

Program Description

The Head Start Collaboration Office (HSCO), funded by a federal grant through the Department of Health and Human Services (DHHS), Administration for Children and Families (ACF), provides a structure for the federal Office of Head Start to work with State and local entities to leverage their common interests around young children and their families to develop, implement and improve state and local policy and practice. The HSCO helps to ensure State and local level collaboration, coordination and delivery of comprehensive services to low-income children and families around four national priorities of school transitions, professional development, child care and early childhood systems, as well as regional office priorities that might include family and community partnerships; health, mental health and oral health; disabilities; homelessness; and support to military families. In addition, the HSCO also serves as a resource and support to the current six Early Head Start and Head Start grantees in Hawaii, and participates actively in the Head Start Association of Hawaii and the Outer Pacific.

Program Goal

To further enhance coordination and collaboration among early childhood programs to create a more coherent early childhood delivery system that ensures children and families in need obtain the “full array of services for which they qualify and from which they could benefit.”

Head Start Collaboration Office Achievements

- Submitted a new five-year re-funding application and received a grant award for FY 2012, the first year in this new cycle.
- Completed an updated needs assessment of Head Start grantees to identify priorities for activities and support.
- Participated on the Keiki First Steps Early Learning Council (ELC). It was established by the 2008 State Legislature and designated by Governor Abercrombie in 2011 as the State Advisory Council for Early Care and Education to develop a comprehensive, integrated and sustainable early learning system.
 - Co-chaired the Direct Services sub-committee of this Council, and participated on several other sub-committees to move the systems-building agenda forward.
- Participated on various State advisory groups to support planning and systems-building efforts: Department of Health (DOH) Early Childhood Comprehensive Systems (ECCS) Strategic Management Team, P-3 (Provisions for Early Learning through Grade Three) Advisory, DHS Child Care Advisory, Sequenced Transition to Education in the Public Schools (STEPS) State Team, Early Childhood Positive Behavior Support State Team, Hawaii Children’s Trust Fund Advisory, Hawaii Interagency Council on Homelessness, Aloha United Way Early Childhood Impact Council, Expanding Interagency Inclusion Opportunities State Team, Hawaii Early Intervention Coordinating Council, and the Hawaii Careers with Young Children (HCYC) Core Team.
- Facilitated Early Head Start/Head Start representation in early care and education systems-building planning efforts: Early Learning Council sub-committees, HCYC work groups, Good Beginnings Alliance Board and Community Councils, and STEPS community teams.
- Coordinated activities related to the federal Office of Head Start’s (OHS) “Dental Home Initiative” launched in May 2009, and secured a grant award from OHS to promote prevention and awareness activities for staff and families and to encourage the Dental Homes Initiative for every Early Head Start/Head Start enrollee in Hawaii.
- Conducted a “Homeless Summit II on Young Children” that targeted homeless emergency and transitional shelter administrators, staff and community health providers to discuss the importance of health and safety practices and policies for young children, both sheltered and unsheltered.
- Revised an existing state-level interagency agreement between Hawaii Head Start and the Department of Health/Women, Infants and Children program (WIC) for enhanced service coordination and clearer role expectations
- Convened focus groups to develop state-level interagency agreements between Head Start agencies and the Department of Health/Early Intervention Section and the Department of Human Services/Child Welfare Services.
- Participated and helped develop the Race to the Top Early Learning Challenge application. That application was submitted by the Governor’s Office to the U.S. Departments of Education and Health and Human Services for a potential \$50 million grant award to the State over four years.

Looking Ahead: Five-year Goals

- Create a cohesive and comprehensive system of professional development and support for early learning professionals in all communities in partnership with Hawaii Careers with Young Children (HCYC) and the State Early Learning Council (ELC).
- Increase collaboration between the State Department of Education (DOE) and Head Start agencies for improved communication and coordination that will result in successful pre-K to K transitions for children and families.
- Collaborate with the Early Learning Council to ensure that high quality early learning programs are available, affordable and accessible for all children, birth to kindergarten entry, and address children's diverse abilities and needs.
- Increase availability and access to resources to improve health, oral health and mental health outcomes for children.
- Improve developmental outcomes and more successful transitions for children, birth to five, who are homeless.
- Increase coordination and communication between the DOE, Department of Health and Head Start agencies regarding services to children with disabilities.
- Develop a system of family support services that results in family strengthening and improvement of child safety and welfare.

6) GENERAL ASSISTANCE (GA)

Program Description

The General Assistance (GA) program provides cash benefits for food, clothing, shelter, and other essentials to adults ages 18 through 64, without minor dependents, who are temporarily disabled and who do not qualify for Social Security. To be eligible for GA, the adult must have little or no income, not qualify for a federal category of assistance, and be certified by a DHS medical board as unable to engage in any substantial employment of at least 30 hours per week for a period of at least 60 days. To maintain eligibility, assets may not exceed \$2,000 for a single person and \$3,000 for a couple.

The GA program is funded each year by a block-grant appropriated by the State Legislature. The Department must stay within the block-grant appropriation and make adjustments to the monthly benefit amount throughout the year, based on the number of individuals who are participating in the program. Although the standard of assistance was increased due to budget constraints in July 2007 for the first time since 1994, it was necessary to reduce the benefit to \$234 for April 2009 through June 2009. At the start of FY 2010 in July 2009, the benefit amount was \$450, however, the caseload increased in FY 2010. While the authorized appropriation remained the same, the benefit amount was reduced to \$300 a month. The Department increased the per month payment amount to \$353 in July 2011, as a new appropriation was made available. Based on budget projections for FY 2011, the payment was reduced to \$319 a month effective October 2011.

Program Goal

To provide temporary economic assistance to those eligible for financial support, and to ensure they receive at least a minimally adequate standard of living.

Objective	Measurements
Eligibility based on disability will be standardized.	All applicants will be referred to a medical provider contracted by the Department and 100% of disability statements will be reviewed by a Departmental board.
Supplemental Security Income (SSI) referrals and approvals will increase.	Based on Departmental board review and recommendation, clients will be referred to the Legal Aid Society of Hawaii for SSI advocacy.

GA Program Achievements

- The DHS continues to require that all individuals who claim a disability be examined by a contracted medical provider. All medical examinations are then reviewed by a Departmental board. This process is implemented statewide and has standardized the definition to determine if a person is disabled and eligible for this program. All those needing assistance are now being assessed through the use of a consistent standard.
- 1,415 medical evaluations were completed. 18% were determined not-disabled, 60% were determined psychiatrically-disabled, and 21.6% were determined physically-disabled. In FY 2011, the medical review board reversed 7.3% of determinations, an increase from FY 2010 when 3.6% were reversed.
- DHS continues to contract for Social Security advocacy services to maximize the number of people eligible for federal assistance. The total number of referrals that were approved for SSI/SSDI decreased from 76.5% in FY 2010 to 39% in FY 2011. Of this amount 88% of the approvals were for GA applicants or recipients.
 - The two above procedures were instrumental in decreasing the average length of time on State assistance from 10 months to 8 months in 2008 and 2009. These procedures also enabled the transfer of persons with long-term disabilities to the federally-funded Social Security program.
- A disability re-determination is obtained from the DHS examiner when requested. An alert is system-generated based on the date specified by the examiner. When the new determination is obtained the eligibility worker evaluates whether the disability has lasted, or is expected to last, at least a year. If so, a referral will be made to SSI through LASH.
- The medical review process continues to diagnose and service individuals with dual disabilities. Two percent of the individuals have dual disabilities.
- Medical review forms and processes were further modified to better service our customers with dual disabilities.
- Memorandums of Understanding (MOU) with the Public Safety Department and the Hawaii State Hospital were developed and continue to be implemented. This allows DHS to process in advance, people with serious mental illness who are being released from these facilities. The MOUs allow these individuals to receive continuous support and services.
- Procedures were modified to allow applicants additional time to provide verification of disabilities before denying assistance.

Future Challenges

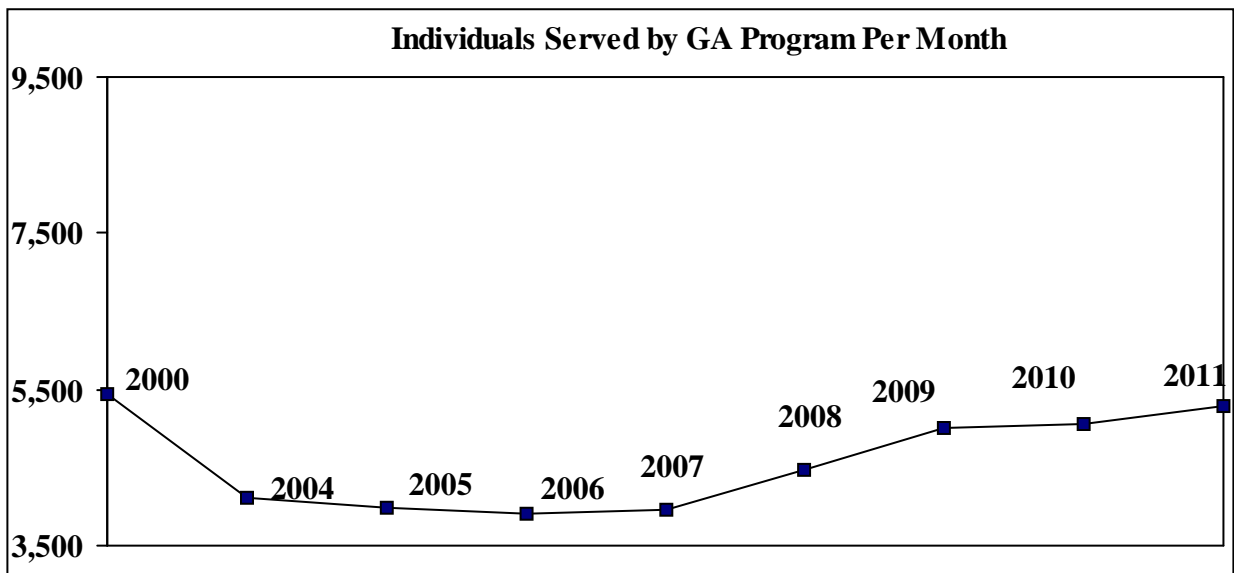
- Monitor the Social Security advocacy contract to provide an effective advocacy program. The Social Security advocacy contract with the Legal Aid Society of Hawaii (LASH) was extended to maximize the number of people eligible for federal assistance. This service has been made available to families and single people in our TANF, TAONF, GA, and AABD (Aged, Blind and Disabled) programs. As a result of this contract, 539 individuals were converted from State assistance to Federal Social Security in FY 2011. 39% of the referrals were approved.

Combined Reimbursement of State Funds for AABD, GA and TAONF from the SSA

Fiscal Year	Reimbursement from the SSA	Cost of Contract with LASH for Reimbursement Activities	Reimbursement to State (Net)
2000	\$2,030,878	\$150,760	\$1,880,118
2001	\$1,636,071	\$171,050	\$2,711,270
2002	\$1,743,904	\$217,950	\$1,525,954
2003	\$3,115,720	\$404,450	\$3,071,270
2004	\$3,516,908	\$297,850	\$3,219,058
2005	\$2,980,710	\$521,900	\$2,458,810
2006	\$2,778,254	\$442,075	\$2,336,179
2007	\$2,065,731	\$478,900	\$1,586,831
2008	\$1,095,092	\$348,900	\$1,053,377
2009	\$1,021,894	\$490,175	\$997,890
2010	\$1,050,416	*\$678,200	\$372,216
2011	\$834,539	\$640,875	\$193,664

*LASH reimbursement is on a per case basis. The LASH contract cost is higher for these paradoxical reasons: (1) The time needed for approvals of initial applications is very short, 3 -5 months; this means that applicants receive benefit payments from the State for a shorter time, therefore, there is a smaller amount to be reimbursed from each applicant. (2) At the same time, there are more hearings which are taking longer to settle, many are taking over a year to settle; this means that reimbursements for these cases are delayed beyond the current fiscal year.

- Monitor the medical evaluation contract to ensure the definition of disability is more focused on ability to work. This includes compliance to treatment and assurance the contracted physicians and psychiatrists coordinate with a vocational rehabilitation contractor or a substance abuse counselor to determine the amount and type of activity the GA applicant or recipient may perform. Effective October 1, 2011, compliance to treatment for recipients with a diagnosis of substance abuse will again be monitored by the medical evaluators. Previously, substance abuse and vocational rehabilitation contractors monitored, but a change was necessary to reduce state-funded expenditures.



GA Caseload

Year	Individuals per Month
2000	5,434
2001	5,108
2002	4,867
2003	4,432
2004	4,112
2005	3,994
2006	3,917
2007	3,955
2008	4,458
2009	5,014
2010	5,068
2011	5,298

Characteristics of Individuals Served by GA Program

Characteristics of Individuals	Percentage*
Age of Head of Household	
29 Years or Younger	19%
Between 30 and 39 Years	20%
Between 40 and 49 Years	29%
Between 50 and 59 Years	27%
60 Years and Older	5%
Marital Status of Head of Household	
Single	61%
Gender of Head of Household	
Male	61%
Female	39%
Length of Time on Welfare	8 months

*These percentages remained consistent over the past four years, varying only one or two percentage points.

Citizenship of Individuals Served by GA Program

United States Citizens	93%
Non-citizens	7%

Ethnicity of Individuals Served by GA Program

Ethnicity	Percentage FY 11
Caucasian	39%
Hawaiian/Part-Hawaiian	30%
Chinese	1%
Filipino	9%
Japanese	5%
Black	3%
Other Asian	2%
Samoan	3%
Korean	1%
Other Pacific Islanders	6%
Others	1%

7) AID TO THE AGED, BLIND, AND DISABLED (AABD)

Program Description

The Aid to the Aged, Blind and Disabled (AABD) program provides cash benefits for food, clothing, shelter, and other essentials to elderly adults (65 years of age or older) or who meet the Social Security Administration (SSA) definition of disabled, but most of whom are not eligible for federal Social Security benefits. To qualify, individuals must have countable income below 34% of the 2006 Federal Poverty Level and resources not exceeding of \$2,000 for a single person and \$3,000 for a couple.

Program Goal

Provide economic assistance to those eligible for financial support to ensure they receive at least a minimally adequate standard of living.

Objective	Measurement
To guarantee that all of those desiring assistance and who meet the eligibility requirements, receive benefits.	The number of individuals receiving benefits should never be less than 70% of those potentially eligible. It currently is 72%.
Expedite the reimbursement of SSI benefits to eligible households.	All reimbursements will be completed within 10 working days of the Department receiving a warrant from the SSA.

AABD Program Achievements

- The DHS is current in its reimbursements of SSA warrants and is meeting the federally mandated timeframe.
- The DHS is implementing a system change to create alerts for staff when potentially eligible individuals are not referred to the SSA.
- Reviews of our non-citizen cases are done periodically to identify those potentially eligible for Social Security Benefits and referrals to our contracted Social Security advocate.

The People Served by the Aid to the Aged, Blind, and Disabled (AABD) Program

AABD Caseload

Year	Individuals per Month
2000	3,198
2001	2,982
2002	2,803
2003	2,614
2004	2,175
2005	2,156

2006	1,568
2007	1,334
2008	1,492
2009	1,451
2010	1,375
2011	899

Household Characteristics of Individuals Served by AABD Program

Characteristics of Individuals	Percentage
Age of Head of Household	
Age 65 and Older	72%
Younger than Age 65	28%
Marital Status of Head of Household	
Married	30%
Widowed	33%
Single	19%
Separated	12%
Divorced	6%
Common Law	<1%
Gender of Head of Household	
Female	62%
Male	38%

(Note: Percentages may not total exactly 100% due to rounding.)

Citizenship of Individuals Served by AABD Program

	Percentage FY 11
United States citizens	18%
Non-citizens	82%

Other Data Pertaining to AABD Program

	FY 11
Length Of Time On Assistance	31 months
One-Member Households	85%
Two-Member Households	15%

Ethnicity of Individuals Served by AABD Program

Ethnicity	Percentage
Filipino	23%
Chinese	7%
Other Asian and Pacific Islanders	52%
Caucasian	7%
Hawaiian/Part-Hawaiian	3%
Korean	4%
Japanese	2%
Samoan	2%
Black	<1%
Others	<1%

Future Challenges

- We continue to monitor and improve our SSI referrals and re-referrals.
- DHS continues to monitor procedures to increase referrals to the SSI Advocacy contractor. In FY 2011, the number of referrals for SSI/SSDI increased from 788 to 1,563, an increase of 98%.
- Continue to monitor the Social Security advocacy contract with LASH to maximize the number of people eligible for federal assistance.

Combined Reimbursement of State Funds for AABD, GA and TAONF from the SSA

Fiscal Year	Reimbursement from the SSA	Cost of Contract with LASH for Reimbursement Activities	Reimbursement to State (Net)
2000	\$2,030,878	\$150,760	\$1,880,118
2001	\$1,636,071	\$171,050	\$2,711,270
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2004	\$3,516,908	\$297,850	\$3,219,058
2005	\$2,980,710	\$521,900	\$2,458,810
2006	\$2,778,254	\$442,075	\$2,336,179
2007	\$2,065,731	\$478,900	\$1,586,831
2008	\$1,095,092	\$348,900	\$1,053,377
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2011	\$834,539	\$640,875	\$193,664

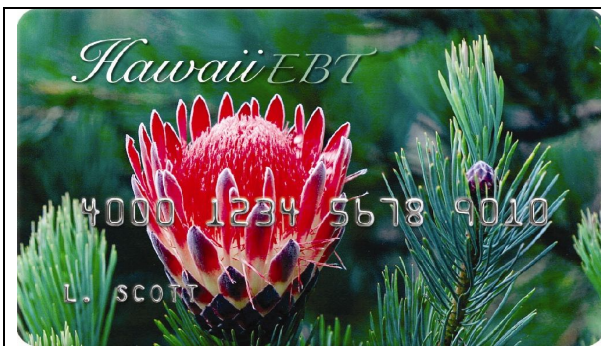
*LASH reimbursement is on a per case basis. The LASH contract cost is higher for these paradoxical reasons: (1) The time needed for approvals of initial applications is 3 -5 months. This means applicants receive benefit payments from the State for a shorter time period and reimbursement is smaller from each applicant. (2) At the same time, there are more hearings that require more than a year to settle. This means that reimbursements for these cases are delayed beyond the current fiscal year.

8) SUPPLEMENTAL NUTRITION ASSISTANCE PROGRAM (SNAP), (formerly the FOOD STAMP PROGRAM)

Program Description

The Supplemental Nutrition Assistance Program (SNAP) is a federal program funded through the U.S. Department of Agriculture. In FY 2011 SNAP helped put food on the table each day for approximately 77,133 Hawaii families. This was a 15.32% increase from the average monthly number of families receiving SNAP benefits in FY 2010. The SNAP provides low-income households with electronic benefits they can use like cash at most grocery stores to purchase food and maintain a healthy diet. The SNAP provides crucial support to Hawaii's needy households and to those making the transition from welfare to work.

The Electronic Benefits Transfer (EBT) card system was implemented in Hawaii in 1998 for disbursement of nutrition assistance and financial assistance benefits.



The EBT card has the individual's welfare (TANF or TAONF) cash benefits, child care assistance, and SNAP benefits that may be drawn down like a debit card.

Household qualifications for the Supplement Nutrition Assistance Program include:

- All members receive, or are authorized to receive, TANF or SSI cash assistance and are categorically eligible for SNAP. There is no gross income limit, no net income limit and no asset limit.
- Households that are provided a TANF-funded service, such as the DHS 1464 TANF Informational Brochure, whose gross monthly income is less than 200% of the federal poverty level (FPL), may also be categorically eligible for SNAP with no asset limit. But these households are subject to a 100% net monthly income limit.
- Households that contain a member who is disqualified from SNAP may not be categorically eligible for SNAP but may still qualify for regular SNAP if gross monthly income is less than 130% FPL, net monthly income is 100% or less of FPL, and assets are \$2,000 or less or \$3,000, if there is an elderly or disabled household member.
- Most able-bodied adult applicants must meet certain work requirements.
- All household members must provide a Social Security number or apply for one.

Effective October 1, 2011, Current Gross and Net Income Eligibility Standards

Household Size	(\$) Monthly Gross Income 200% FPL	(\$) Monthly Gross Income 130% FPL	(\$) Monthly Net Income 100% FPL
1	2,090	1,359	1,045
2	2,822	1,835	1,411
3	3,554	2,310	1,777
4	4,286	2,786	2,143
5	5,018	3,261	2,509
6	5,750	3,737	2,875
7	6,482	4,212	3,240
8	7,214	4,688	3,606
9	7,946	5,164	3,972
10	8,678	5,640	4,338
+10	+732	+476	+366

Program Goal

To deliver benefits and services accurately and in a timely manner.

Program Objective

To meet Federal compliance standards.

SNAP Achievements in FY 2011

- Hawaii achieved a payment accuracy rate of 96.96% for FY 2010 and ranked 12th in the nation. The national accuracy average was 96.19%.
- Hawaii had a program access rate (participation) of 77.7% in FY 2010 ranking Hawaii 18th in the nation in SNAP program access. The national program access average was 69%.

Future Planned Improvements and Goals

- SNAP will continue to work with the other program offices (Financial Assistance, Employment and Training, and Child Care) within the Benefit, Employment and Support Service Division (BESSD) to implement the new process-based model of work called Business Process Re-engineering (BPRP) that will transform the delivery of nutrition and public assistance programs while improving performance and customer service.
- SNAP used 100% federal funds from the Department of Defense Appropriations Act of 2010 to purchase and locate hardware and software at a secure secondary data site to be used as a back-up to the existing infrastructure. This plan will allow SNAP to continue the processing of Disaster SNAP (D-SNAP) applications and benefits in the event that telecommunication services are interrupted due to a disaster. The secondary data site became operational in October 2011.

B. VOCATIONAL REHABILITATION AND SERVICES FOR THE BLIND DIVISION (VRSBD): Programs, Services, Achievements, and Looking Ahead

The Vocational Rehabilitation and Services for the Blind Division (VRSBD) administers three programs: 1) the Vocational Rehabilitation Program; 2) the Services for the Blind Program (Ho‘opono); and 3) the Disability Determination Program. Although each program operates independently, their mission is singular: to provide for the rehabilitation needs of persons with disabilities to secure employment and to lead full and productive lives. The underlying philosophy and goal of the VRSBD is that through employment, individuals with disabilities are empowered toward economic self-sufficiency, independence, and inclusion and integration into society.

1) VOCATIONAL REHABILITATION PROGRAM (VR)

VR provides vocational rehabilitation services to assist persons with disabilities prepare for and enter employment. The economic benefits of VR are significant. They include increased earnings and purchasing power, increased taxes paid, and a decreased dependency on public assistance. As persons with disabilities achieve the employment outcome of choice intended by their program, they become tax-paying citizens and more than pay back the costs of the agencies program.

VR is a cost effective program that pays for itself. Within the first two years of employment, the average rehabilitated individual will have repaid the full cost for their vocational rehabilitation services. This means that going forward; the rehabilitated individual will contribute to the State’s economy. In FY 2011:

- VR served 6,135 individuals with disabilities.
- VR received 1,033 new referrals.
- 225 individuals achieved successful employment outcomes.
- 94% of individuals placed were persons with significant disabilities.
- 24% of individuals received public assistance prior to their rehabilitation.
- 29% were individuals from the Special Education-Vocational Rehabilitation (SEVR)/ Transition Program, an increase of 4% from the previous fiscal year.
- The VR program is cost effective. The average cost per individual rehabilitated in FY 2011 was \$7,280.82
- The average annual earnings per individual before receiving VR services were \$3,223.60. After receiving VR services the average annual earnings per rehabilitated individual increased over 500% to \$18,193.79.

Indicators	FY 2008	FY 2009	FY 2010	FY 2011
Participants Served	6,990	8,792	6,670	6,135
Referrals Received	2,491	1,963	958	1,033
Placed into Jobs	589	514	370	225
Participants with Severe Disabilities	503 (85%)	496 (96%)	322 (87%)	212 (94%)
Receiving Public Assistance	140 (24%)	152 (30%)	93 (25%)	54 (24%)
Net Gain in Annual Earning Power	463%	470%	482%	500%

FY 2011 VR Program Highlights

- Vikki Nakamura, Disability Determination Branch Administrator received DHS' Manager of the Year Award.
- Mary Jane Andres, Iris Ching, Lorna Gallano, and Janet Masuko-Kagimoto, Hoopono's clerical staff received DHS' Team of the Year Award.
- VRSBD implemented statewide programs that use Work Experience/Internship models. These programs prepare clients for higher quality employment. Work Experience/Internships enable an employer to experience the benefits of hiring our clients, which often leads to permanent employment.
- Statewide summer youth programs increased the numbers of individuals with work experience and internships to over 80 students. At least 12 students experienced permanent employment placements.
- VRSBD continues to develop the implementation plan for a comprehensive center to better serve Hawaii's deaf, deaf-blind and hard of hearing individuals, through an immersion vocational training center. The goal of the center is to better enable the deaf and hard of hearing community to seek and maintain quality employment.
- Unprecedented in the history of Hawaii, the Hawaii State Rehabilitation Council had two members chosen to serve on the federal Rehabilitation Services Administration's 37th Institute on Rehabilitation Issues (IRI). The IRI membership and responsibility is an honor and opportunity to work collaboratively with consumers and professionals and to develop a publication useful in training VR professionals. This year's topic is, "Understanding the Impact of Health Care Reform on the Employment and Independence of Individuals with Disabilities".

2) SERVICES FOR THE BLIND PROGRAM (HO'OPONO)

Program Goal

At Ho'opono, the Services for the Blind program's goal is to enable blind and visually impaired adults to attain maximum vocational and functional independence with its team of skilled professionals providing varied services to meet the participant's individual needs.

2011 Rehabilitant of Year: Michael Gravatt

Michael Gravatt, a self-employed promoter and local radio disc-jockey, is one of vocational rehabilitation's true examples of Ho'opono's guiding belief, "blindness is not a barrier to success".

Michael was born legally blind due to Ocular Nystagmus and Ocular Albinism. He recalls growing up, kids always asked what was wrong with his eyes and often ridiculed him. A little bit self-conscious, bothered, and annoyed, Michael often took it in great stride and accepted the fact that he was different from his peers because of his eye condition. Although Michael has accepted he will probably never know what "normal vision" would be like, acceptance of his blindness was probably what got him through difficult times in his life. Like many others who are blind and visually impaired, Michael is not spared the on-going daily challenges of blind or visually-impaired persons including the limitations caused by social stigma.

Michael first approached Ho'opono services to pursue an employment goal of becoming a real estate broker or agent. However, due to circumstances out of his control (the economy) and on-

going social stigma on the job, he decided to pursue his own business endeavor with support from Rusnell Pascual-Kestner, a Vocational Rehabilitation Specialist at Ho‘opono.

Working through barriers with a positive attitude and support, Michael now manages his own business assisting local companies to better market their services and goods. He is making a name for himself among Hawaii’s businesses and most notably Hawaii’s small business community. His three-tier marketing strategy helps many of his clientele increase their profit margins. Michael’s business continues to expand, and he is currently in the process of hiring new employees, adding a few more job opportunities for Hawaii’s job seekers.

Because of Michael’s beliefs, work ethic and self-confidence to pursue his dreams, his small business continues to grow, but he still has enough time to work part-time as a recognizable local radio personality. Rusnell and the staff at Ho‘opono are proud to have worked with Michael, providing support and technical assistance to help him reach his self-employment goal.

Ho‘opono Program Highlights

- New Visions Program retained National Blindness Certification Board (NPBCB) certification as a Training Center of Excellence. It is one of only three state-run Blind Rehabilitation Training Centers in the country to receive such recognition. The program served a total of 42 individuals including 10 from neighbor islands and eight from the Pacific Rim territories.
- The Low Vision Clinic served a total of 246 individuals, of which 50 were from the neighbor islands. The Low Vision Clinic continues to provide assistance to maximize use of residual vision for daily independent living skills including reading and distance viewing.
- Home Rehabilitation Teachers provided services that equipped 251 blind persons (95 from the Neighbor Islands) with daily independent living skills, personal, leisure, and home management activities to enable them to live as independently as possible.
- Four youth consumers who successfully graduated from previous summer programs were the key coordinators, mentor and teachers to 19 youth who participated in this year’s summer program. They were taught job seeking skills (via Ho‘ala), alternative skills of blindness, job shadowing and work experience.
- Donations were received in the amount of \$47,577.10 (monetary) and \$804.99 (materials) for a total of \$48,382.09.
- In November of 2010, the new Personal and Home Management Classroom was opened and eliminated the waitlist of students for cooking instruction. Now three students at a time are able to learn to cook with their own workstations.
- Governor Neil Abercrombie proclaimed Friday October 14, 2011, White Cane Safety Awareness Day. The 19th walk on Oahu, over 267 people participated, including DHS Director Patricia McManaman, State Senator Suzanne Chun-Oakland, VR Administrator Joe Cordova, and National Federation of the Blind President, Dr. Marc Maurer. Maui, Kauai, Hilo and Kona residents celebrated their 2nd annual White Cane Safety Awareness Day in October. Kauai Mayor, Bernard Carvalho, Jr., participated and sang several songs, including Hawaii Aloha.
- The Business Enterprise (Vending Facility) program ranks among the top five in the nation for benefits paid out, average net earnings, and number of vendors per capita.
 - Total gross sales: \$24,450,399.
 - The average vendor earnings in Hawaii: \$80,272.
 - The average median income for Hawaii’s blind vendors: \$48,805.

3) DISABILITY DETERMINATION PROGRAM

The Disability Determination Branch (DDB) makes medical determinations on disability claims filed with the Social Security Administration (SSA) under the Social Security Disability Insurance (SSDI) and Supplemental Security Income (SSI) programs. DDB’s mission is timely and accurate adjudication of disability claims filed by Hawaii State residents under Title II (Disability Insurance) and Title XVI (SSI) of the Social Security Act.

Title II provides for payment of disability benefits to individuals who are “insured” under the Act based on contributions to the Social Security trust fund through Social Security tax on earnings, as well as to certain dependents of insured individuals. Title XVI provides for SSI payments to individuals (including children under the age of 18) who are disabled and have limited income and resources. Program responsibilities are administered under the regulations, guidelines, and quality standards established by SSA. The Hawaii DDB is one of 54 DDB’s among the 50 states, Puerto Rico, Guam, the Virgin Islands, and the District of Columbia. DDB is funded 100% by the federal SSA.

DDB Program Highlights

- Kristi Greubel, Disability Claims Specialist IV, received a Social Security Administration (SSA) Associate Commissioner’s Citation “in recognition of outstanding performance and professionalism to the Social Security Administration and the citizens of Hawaii.”
- Neil Shibuya, M.D., also received a Social Security Administration (SSA) Associate Commissioner’s Citation “in recognition of outstanding performance, dedication, and sacrifice in delivering timely service to the Social Security Administration and the citizens of Hawaii.”

Indicators	FY 2008	FY 2009	FY 2010	FY 2011
Claims Processed	9,008	10,430	10,918	12,291
Favorable Determinations	4,558	4,464	4,738	4,615
Initial QA Accuracy Rates	95.8%	97.8%	98%	95.6%*
Payments made to Hawaii’s residents (per calendar year)	\$391,051,712	\$400,975,224	\$463,608,000	\$485,580,000**

* Initial QA Accuracy rate for FY 2011 are YTD through August 2011. FY 2011 data through 09/30/11 is not yet available.

** Estimated payments for calendar year 2011. 2011 data will not be available until after December 2011.

Future Goals/Future Challenges

We will continue to work as a team so participants can achieve their hopes and aspirations for meaningful employment through timely and individualized vocational rehabilitation services.

- Provide quality vocational rehabilitation services to all participants applying for services by partnering with the State Rehabilitation Council, the Hawaii Disability Rights Center and other State, County and private entities.
- Increase the placement of participants with disabilities into competitive high paying employment by adding innovative new employment strategies.
- Expand services for transition-age youths to prepare for and obtain employment.
- Develop and establish a comprehensive deaf training center.
- Renovate Ho’opono facilities and upgrade/expand its computer and employment services.
- Provide accurate and timely medical determinations on disability claims filed with the Social Security Administration (SSA).

CHAPTER THREE: PROTECTION

The Social Services Division (SSD) provides protection and security from abuse and neglect for children and vulnerable adults. While ensuring safety, our programs also endeavor to minimize disruption for children and vulnerable adults and to provide for safe living arrangements with the goal of preventing and reducing the recurrence of abuse, neglect, and maltreatment.

A. SOCIAL SERVICES DIVISION: Programs, Services, Achievements and Looking Ahead

The Social Services Division consists of the Child Welfare Services Branch (CWSB) and the Adult and Community Care Services Branch (ACCSB). Both branches aid vulnerable members of society, are community-based and neighborhood-focused. They also partner and collaborate with the public and private sectors.

CHILD WELFARE SERVICES (CWS)

The mandate of the CWSB is to ensure the safety, permanency (stability) and well-being of children. CWSB programs include family strengthening and support, child protection, foster care, adoption and independent living. CWSB also licenses resource family homes, group homes and child placement organizations. Services are available on Oahu, Hawaii, Kauai, Maui, Molokai and Lanai.

The CWSB’s primary goal is to ensure child safety in the family home. CWSB staff and community partners provide supportive services. If it becomes necessary to remove a child from the family home to ensure safety, family connections are preserved through regular visits with parents and siblings. When a child cannot be safely returned to the family, CWSB works with the child’s family and other stakeholders, including Family Court, to develop and implement the most appropriate permanency plan to serve the best interests of the child. This may include providing a permanent placement through adoption, legal guardianship or other appropriate permanent placement.

Additional information on services provided by the CWSB is available in “A Guide to Child Welfare Services” on the Department’s web site at www.hawaii.gov/dhs.

The CWSB has developed multiple interventions to help ensure successful outcomes for children and families. These interventions are:

- Designed to build upon the strengths, problem-solving abilities and unique capacities of each family and to address the individual needs of each child and family.
- Designed to be culturally sensitive and respectful of family lifestyles and dynamics, and the goals families develop for themselves and their children.
- Developed in a spirit of partnership with the family to strengthen the capacity of families to make healthy choices for the safety and well-being of their children.
- Developed and provided in a manner that nurtures, enhances and sustains the natural support system for families in the community.

Strategies utilized by the CWSB focus on:

- The value and importance of the family.
- Strengthening the capacity of families and communities to care for children's safety.
- Transparency and openness.
- Respectful acknowledgement of differences and non-adversarial interaction with the goal of finding win-win solutions.
- Multidisciplinary/teamwork approaches that accept and incorporate stakeholders input in a respectful way.
- Effective outcome-driven creativity in addressing individual problems.

The CWSB envisions a Hawaii where:

- All children grow up and thrive in safe, supportive and stable home environments.
- Family connections are preserved through regular parents and sibling visits, when a child cannot safely remain in the family home.

Significant achievements for the CWSB include:

- In 2009, CWS participated in the second round of the Federal Child and Family Services (CFSR) review, leading to the development of the Program Improvement Plan (PIP) that was approved by the Federal Administration for Children and Families (ACF) in January, 2011.
- On April 1, 2011, the State's new Title IV-E State Plan was approved by the U. S. Department of Health and Human Services, Administration for Children and Families.
- The revised Child Protective Act (HRS Chapter 587A) was signed into law by on May 24, 2010. This was a culmination of work by the 587 Taskforce that included members from the Family Court, CWSB, the Attorney General's Office, Guardians Ad Litem, and attorneys who represented parents in Family Court child protective service cases. Consultation was also provided by the federal Children's Bureau, Region IX office.

Work of the 587 Taskforce led to the repeal of HRS Chapter 587 and the adoption of a new chapter, HRS Chapter 587A to conform to federal requirements and current best practices. HRS Chapter 587A requires that every child in foster care have a permanency hearing in a qualified court or administrative body no later than 12 months from the date the child entered foster care and no less frequently than every 12 months thereafter. All

CWS social workers received training on the revised HRS 587A by August 30, 2010. Community providers also received training.

Child Welfare Goals and Outcomes

The Child and Family Services Review (CFSR) is a federally-mandated review of states' child welfare systems. The CWSB adopted federal outcomes and related measures to assess performance in achieving safety, permanency and well-being for children within required time limits. As a result of this review, and in collaboration with the federal Administration for Children and Families, DHS adopted the below priorities in an aggressive reform of the CWSB.

The CWSB goals are to:

- Reduce the recurrence of child abuse and neglect within families.
- Reduce instances of child abuse and neglect in foster care.
- Reduce the time a child spends in foster care through reunification without increasing re-entry into foster care.
- Reduce the time a child spends in foster care by securing adoptive parents.
- Increase placement stability.

The priorities established to achieve these goals will require CWSB to:

- Ensure child safety through a timely response to all reports of child abuse and neglect accepted for investigation.
- Conduct on-going safety, risk and needs assessments on all children and families in active CWSB cases.
- Ensure that every family and child, as appropriate, is actively involved in developing an individualized case plan.
- Ensure monthly caseworker visits for every child in State care, every family and every foster family so they are provided the opportunity of a face-to-face interview.

SFY 2011 Outcomes Summary

The Department adopted federal child welfare outcomes for performance monitoring. The outcomes listed below are for the reporting period July 2010 through June 2011.

Goal 1: Reduce the recurrence of child abuse and/or neglect

Measure: Of all children who were victims of confirmed child maltreatment during the reporting period, what percentage had another confirmed report within a 6-month period?

For FY 2011, 2.9% or 36 children had another confirmed report of abuse and/or neglect within six months. This is far below the national tolerance standard of 6.1% and demonstrates Hawaii's successful trend of achieving one of the lowest child re-abuse rates in the nation.

Goal 2: Reduce the incidence of child abuse and/or neglect in foster care

Measure: Of all children who were in foster care during FY 2011, what percentage were the subjects of confirmed maltreatment by a foster parent or facility staff?

In FY 2011, 0.9% or 20 children in foster care were subject to confirmed maltreatment by a foster parent or facility staff. This is slightly higher than the national standard of 0.57%. The

Department is reviewing cases of abuse in foster care to identify areas requiring improved practices.

Goal 3: Reduce time in foster care to reunification, without increasing re-entry

Measure: Of all children who were reunified with their parents or caregivers, what percentage were reunified within 12 months from the latest removal from the family home?

In FY 2011, 80.7% or 585 children were reunified with their parents or caregivers within 12 months from their entry into foster care. This surpasses the **national standard** of 76.2%.

Goal 4: Reduce foster care re-entries

Measure: Of all children who entered foster care, what percentage re-entered foster care within 12 months of a prior foster care episode?

In FY 2011, 9.8% or 95 children who were reunified with their parents or caregivers re-entered foster care within 12 months of a prior foster care episode. This figure is slightly above the national standard of 8.6%, but a significant improvement over the FY 2007 re-entry rate of 13.9%. In 2008 the figure was 8.7 %, in 2009 it was 9.4% and in 2010 the re-entry rate was 9.9%.

Goal 5: Reduce time in foster care to adoption

Measure: Of all children who exited foster care to a finalized adoption during the year under review, what percentage exited care within 24 months from the latest removal from home?

In FY 2011, 39% or 80 children in out-of-home placements care exited to adoption within 24 months of their latest removal from the home. This exceeds the national standard rate of 32%. This is also a significant improvement over FY 2010, when the Department’s rate was 27.5%. This positive change is attributed to CWSB’s focus on permanency and placement stability at the earliest stages of the case, concurrent permanency planning, early family identification, and increased efforts of CWS permanency staff to expedite the adoption process.

Goal 6: Increase placement stability

Measure: Of all children who have been in foster care within 12 months from the time of the latest removal, what percentage had no more than two placement settings during that time period?

In FY 2011, 89.5% or 977 children experienced two or fewer placements within their first 12 months of care. This surpasses the national standard of 86.7%. Hawaii has demonstrated significant improvement in this area over the past six years.

Placement Stability:					
Percentage of Children with 2 or fewer placements with 12 months of placement					
SFY 2006	SFY 2007	SFY 2008	SFY 2009	SFY 2010	SFY 2011
82.2%	85.4%	87.8%	87.9%	88.2%	89.5%

Caseload

CWSB caseloads encompass a wide range of clients and services. Active service cases include investigation, assessment, case management, foster care and permanency, as well continuing financial support to sustain adoptions, guardianship and higher education for youth formerly in foster care.

At the close of SFY 2010, 2,165 active cases were assigned to CWS social workers, 3,378 financial support cases were assigned to support staff, and 355 cases assigned to voluntary case management (VCM) services. The guided decision-making process used during intake helps determine which cases are appropriate for the alternative voluntary family strengthening and case management service, and which have safety issues that require active Child Welfare Services intervention. At the close of SFY 2011, 2,239 active service cases were assigned to CWS social workers, 3,375 financial support cases were assigned to support staff, and 312 cases assigned to voluntary case management (VCM).

The ability of the CWSB to improve outcomes is a tribute to its hard working staff which experienced a 40% reduction as a result of the 2010 Reduction in Force (RIF) and Hiring Freeze Initiatives. Notably, during this same period administrative support within CWSB also was severely compromised. Current efforts to hire and fill additional critical positions in the current fiscal year (FY 2012) will help stabilize an overburdened staff and promote reduced reentry rates to foster homes and lowered abuse rates within the foster home system.

The statewide average caseload for CWS social workers in FY 2011 was 20 cases per worker. In SFY 2010 the average was 17 cases per worker. The FY 2011 increase is attributed to the FY 2010 RIF which decreased the overall CWS staffing by approximately 40%.

Significantly, the monthly average of children in foster care has decreased from 2,936 children in SFY 2004 to 1,332 children in SFY 2010 and to 1,110 in SFY 2011. This decrease is directly attributed to the Department's investment in voluntary services that engage families in preventing out-of-home placements and ensure the safety of children.

Numerous factors contribute to child maltreatment including parental substance abuse, family violence, and mental illness. The CWSB addresses these issues through strong collaboration with the family, State and local agencies including the Family Court, the Departments of Health and Education, police departments, private service organizations, community groups, and advocacy groups that play a crucial role in the safety and health of children.

Reporting and Intake

Child abuse and neglect (CA/N) reports submitted to the CWSB are reviewed using Hawaii's intake assessment protocol developed by the DHS in collaboration with the National Resource Center on Child Protection. The assessment protocol helps determine the most appropriate and least intensive intervention that will ensure the safety of the child. Implementation of the assessment protocol has resulted in significant improvements in key data indicators such as recurrence of maltreatment, rates of placement, and disproportional placement of Native Hawaiian children.

Under the newly implemented Guidelines for Threatened Harm for Intake and Assessment, CWS social workers assess each referral for "threatened harm." Where there is a reasonable, foreseeable substantial risk of harm to a child, "threatened harm", the case is assigned for investigation. Reports without safety factors are referred to Voluntary Case Management (VCM) for moderate-risk situations and to Family Strengthening Services (FSS) for low-risk situations. Cases without risk or safety factors may be closed without further action. Additionally, the CWSB, the Family Court, and the Court Improvement Project are engaged in on-going dialogue related to referrals from the Temporary Restraining Order (TRO) calendar and the submission of reports to the Court from CWS, VCM, and FSS.

The number of CA/N reports assigned for investigation decreased from 2,935 in FY 2010 to 1,849 in FY 2011. In part, this decrease is a result of the newly implemented case assignment quality assurances and guidelines. Statewide training on the assessment tools and Guidelines for Threatened Harm for Intake and Assessment was completed by all CWS, VCM, and FSS Sections in March, 2011. The Court Improvement Program coordinated a training for Judges, Guardians Ad Litem (GALs), Voluntary GALs, and parents' attorneys in April, 2011. Theresa Costello of the

National Resource Center (NRC) for Child Protective Services and Timothy Travis of the NRC on Legal and Judicial Issues provided the training. CWS, VCM, and FSS staff also attended the training for Judges and Court staff to improve consistency in safety decision-making and terminology across disciplines. In FY 2011, CA/N referrals from Family Court totaled 387, a substantial downward reduction from the 1,042 cases referred in FY 2010.

FAMILY COURT	SFY 2007	SFY 2008	SFY 2009	SFY 2010	SFY 2011
Reports Received from Family Court of Potential CA/N	251	310	544	1,042	387
(Of these reports) Confirmed Cases	106	133	218	361	137
Confirmation Rate	42%	43%	40%	35%	35%

The 1,849 reports assigned for investigation in SFY 2011 included a total of 3,324 children, of which 1,345 were confirmed as victims of child maltreatment. Threat of harm was confirmed for 881, or 65.5%, of the children.

There has been a significant decrease in the number of confirmed abuse or neglect cases since the 2005 implementation of the differential response system (DRS). The decrease has resulted in a corresponding decrease of children in foster care. Significantly, the decrease in confirmed cases and the reduction of children in foster care has coincided with Hawaii's decreased recurrence of abuse from 6% in FY 2003, to 3.9% in FY 2009, and to 2.9% in FY 2011. Hawaii's steady reduction in recurring abuse underscores the effectiveness of our differential response system and places us well below the national re-abuse tolerance standard of 6.1%.

**Number of Children for Whom Maltreatment Reports were Confirmed,
Listed by Types of Maltreatment**

TYPES	SFY 2006	SFY 2007	SFY 2008	SFY 2009	SFY 2010	SFY 2011
Medical Neglect	27	22	21	18	17	5
Neglect	320	237	268	272	221	193
Physical Abuse	261	207	230	174	210	172
Psychological Abuse	17	10	18	13	11	5
Sexual Abuse	100	103	119	96	84	89
Threatened Harm	1,480	1,360	1,375	1,377	1,433	881
Total	2,205	1,939	2,031	1,950	1,976	1,345

Percentage of Confirmed Maltreatment Reports

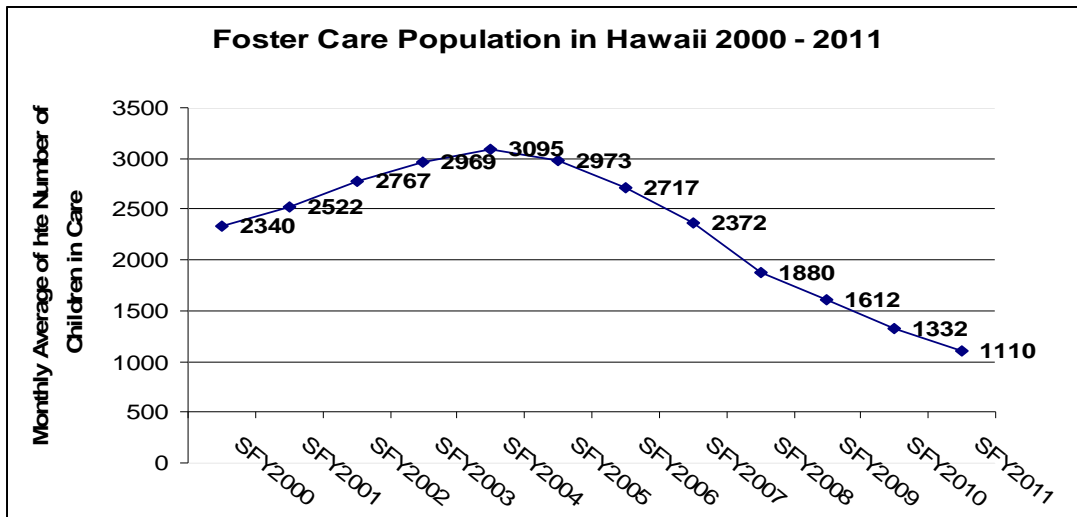
TYPES	SFY 2006	SFY 2007	SFY 2008	SFY 2009	SFY 2010	SFY 2011
Medical Neglect	1.2%	1.1%	1.0%	0.9%	0.9%	0.4%
Neglect	14.5%	12.2%	13.2%	13.9%	11.2%	14.3%
Physical Abuse	11.8%	10.7%	11.3%	8.9%	10.6%	12.8%
Psychological Abuse	0.8%	0.5%	0.9%	0.7%	0.6%	0.4%
Sexual Abuse	4.5%	5.3%	5.9%	4.9%	4.3%	6.6%
Threatened Harm	67.1%	70.1%	67.7%	70.6%	72.5%	65.5%
Total	100.0%	100.0%	100.0%	100.0%	100.0%	100.0%

The Department has reviewed the high percentage of confirmed Threatened Harm cases, revised assessment tools and implemented trainings to help our workers more appropriately evaluate and respond to reports of threatened harm. Training on the assessment tools and Guidelines for Threatened Harm for Intake and Assessment was completed statewide by all CWS, CCM and FSS Sections. The Court Improvement Program coordinated training for Judges, Guardians at Litem (GALs), Voluntary GALs, and parent’s attorneys in April 2011. Theresa Costello of the National Resources Center (NRC) for Child Protective Services and Timothy Travis of the NRC on Legal Judicial Issues provided the training. CWS, VCM and FSS staff also attended the training for Judges and Court staff to improve consistency in safety decision making and terminology across disciplines.

Foster Care

The number of children in foster care has decreased from a monthly average of over 3,000 in SFY 2004, to 1,612 children in SFY 2009, to 1,332 children in SFY 2010, and to 1,110 children in FY 2011. Significantly, this represents a 64% decrease in the number of children in foster care since FY 2004 and is the lowest number of children in foster care since 1993.

Key factors responsible for the decreasing numbers of children in foster care include: 1) implementation of the differential response system; 2) an increased array of community-based family strengthening and child abuse and family poverty prevention services; 3) the increased engagement of the Native Hawaiian community; and 4) an increased collaboration with key stakeholders, including birth families, their relatives/ohana, current and former foster youth, and resource caregivers.



Total Number of Children in Foster Care During the Year

AGE/ Yrs	2007		2008		2009		2010		2011	
	#	%	#	%	#	%	#	%	#	%
Age 0-5	1,396	34.5	1,193	34.0	1,069	35.3	1,004	37.7	875	37.6
Age 6-11	1,060	26.2	934	26.6	780	25.8	685	25.7	616	26.5
Age 12-18	1,580	39.0	1,371	39.1	1,170	38.7	970	36.4	828	35.6
Unknown	12	0.3	10	0.3	8	0.3	7	0.3	8	0.3
Total During Year	4,048	100	3,508	100	3,027	100	2,666	100	2,327	100
Monthly Average	2,372		1,880		1,612		1,332		1,110	

The DHS continues to increase services that strengthen families and allow children to remain safely in the family home without CPS intervention. Those efforts have resulted in fewer children requiring foster care services to ensure their safety.

Children aged five and younger constituted approximately 37.6% of all children in foster care during SFY 2011. Children ages 6 years to 11 years were approximately 26.5% of the children in foster care, and children ages 12 to 18 constituted approximately 35.6% of the children in foster care.

Number of Children In Care

During SFY No. of children who:	State Fiscal Year					
	2006	2007	2008	2009	2010	2011
Were in care *	4,599	4,048	3,509	3,027	2,666	2,327
Entered Care *	1,780	1,599	1,408	1,367	1,180	1,012
Exited Care *	2,076	1,903	1,813	1,510	1,353	1,188

*Unduplicated count, child counted only once per year.

Placement Termination Type by Age Group for SFY 2011								
AGE	Reunification with their families	Adoption	Emancipation	Guardianship	Transfer to other agency	Other	Total	% by Age
Age 0-5	284	117	0	12	1	12	426	35.9%
Age 6-11	216	57	0	24	6	2	305	25.7%
Age 12-18	268	34	92	51	4	6	455	38.3%
Unknown	1	0	1	0	0	0	2	0.2%
Total	769	208	93	87	11	20	1,188	100.0%
%/exit	64.7%	17.5%	7.8%	7.3%	0.9%	1.7%	100.0%	

In SFY 2011, 1,188 children exited foster care: 769 (64.7%) were reunified with their families; 208 (17.5%) were adopted; 87 (7.3%) left care to another permanent arrangement, such as legal guardianship, and 93 (7.8%) were emancipation.

Resource Caregivers

National data indicate that when children and youth cannot remain safely in their own homes, placement with relatives provides the best outcome. DHS revised its previous practice of recruiting and licensing a large number of non-related resource families (a.k.a. general license foster families) that would accept any child, to focus on recruiting and placing children in “child-specific” homes. Child-specific resource families are often relatives or other familiar individuals who become licensed to care for a specific child.

The Department continues to contract for services with Hui Ho’omalua (a partnership of Partners In Development Foundation, Catholic Charities of Hawaii, Family Programs Hawaii and Kokua `Ohana) to integrate the recruitment, training, home studies and support services for resource families for foster children. Home studies and training prospective child-specific resource families are provided by Catholic Charities of Hawaii as part of the larger Hui Ho’omalua contract.

The Department is committed to supporting a child's connection with his/her family. Through the continuing emphasis on family finding, family connections and Ohana Conferencing, and its partnerships with EPIC & community stakeholders, children in foster care have increased connections with their birth and extended family, and relative placements.

Monthly Average	SFY 2006	SFY 2007	SFY 2008	SFY 2009	SFY 2010	SFY 2011
Relative Placement	1,104 44%	1,004 47%	769 46%	676 48%	644 51%	551 52%
Non-Relative Placement	1,381 56%	1,153 53%	909 54%	735 52%	623 49%	505 48%
	2,485	2,157	1,678	1,410	1,268	1,056

Licensed Resource Families Statewide

SFY	2006	2007	2008	2009	2010	2011
Number of Licensed Resource Families	1,689	1,487	1,378	1,206	1,172	1,146

The decreased number of licensed resource family homes since SFY 2005 reflects the Department's successful efforts to maintain children safely in their own homes. As the number of children and youth in foster care decreases, the number of resource homes required to meet their need also decreases.

The Federal Government encourages states to maintain a pool of resource families that reflect the foster care composition. Although the number of children of Native Hawaiian ancestry in foster care has decreased from approximately 54% in SFY 2004 to 45% in SFY 2011, children with Native Hawaiian ancestry still remain the largest group of foster kids. The Department partners with Hui Ho'omalua and the community for targeted statewide recruitment of Native Hawaiian resource families. The Native Hawaiian resource family pool was fairly comparable, at about 41% in SFY11. At the end of SFY 2011, about 54% of Native Hawaiian foster children were in placement with Native Hawaiian resource families, an increase from 52.4% in SFY 2010.

The Department remains committed to reunification, relative placements, birth family connections, cultural connections, and targeted recruitment. DHS continues to partner with families, stakeholders, service providers, other government entities, and communities to reduce the number of children entering foster care and to support families so that children can safely remain in their homes and communities.

When a child must be removed from the family home for safety reasons, the Department aggressively pursues a policy of looking within a child's `ohana for resources. Increased family strengthening services and involvement of the Native Hawaiian community has helped to decrease the number of Native Hawaiian children entering foster care.

Child Fatalities

Every instance in which a child dies while under care of the Department, the CWS Program Development Office and the Child Protection Multi-Disciplinary Team conduct an investigation to determine if any modifications to case planning practices, administrative rules or CWS procedures could have prevented the death. There were no deaths in SFY 2010 active cases. Two children died in SFY 2011 in active CWSB custody cases. The review teams determined that both instances were accidental and that no changes to CWS policy or practice could have prevented the deaths.

Accomplishments

New strategies for strengthening at-risk families and assessing home safety have resulted in a sharp decrease in the number of children entering Hawaii's foster care system over the past six years. At the same time, the safety of children from at-risk families has improved dramatically.

- The Department, in collaboration with the U.S. Department of Health and Human Services, Administration on Children, Youth and Families Children's Bureau, developed the Program Improvement Plan Number 2 (PIP2) which was approved as of January 1, 2011. The goals for PIP2 are to:
 1. Ensure safety of all children in their homes and in foster care;
 2. Enhance engagement in case planning with parents, children/youth, and relatives throughout the life of the case;

3. Improve permanency outcomes and family connections for children;
 4. Improve the family court review system.
- PIP2 picked up where the initial PIP left off. The PIP2 Steering Committee composition reflects collaboration between stakeholders, community, providers, and the Judiciary to continue to improve the system. The Steering Committee is one of the key bodies to oversee the PIP2 as well as multiple other workgroups and collaborations that work to meet the PIP2 goals.
 - To conform to the new Child Protective Act, Chapter 587A, Hawaii Revised Statutes, the CWS extensively revised court report templates in collaboration with the Office of the Attorney General. Outdated reports were replaced with updates that bring CWS and the Family Court into compliance with the new law, Hawaii's approved Title IV-E State Plan, and the completed Hawaii's Title IV-E PIP requirements. Use of the revised court templates was implemented on March 1, 2011.
 - On December 9, 2010, six new administrative rules also took effect. They are: Hawaii Administrative Rule (HAR) 1610 Child Welfare Casework Services; HAR 1617 Foster Care Maintenance and Related Payments; HAR 1620 Adoption Assistance and Reimbursement of Nonrecurring Adoption Expenses for Children with Special Needs; HAR 1621 Permanency Assistance; HAR 1625 Licensing of Resource Family Homes for Children; and HAR 1627 Licensing of Child Caring Institutions. With the adoption of these rules, Hawaii now is in compliance with federal regulations governing child welfare services.
 - Revised procedures have been issued for sections specific to Title IV-E requirements. The Department is in the process of revising its entire CWS procedures manual in preparation for including the manual on-line in our SHAKA system (State of Hawaii Automated Keiki Assistance System). The new procedures will not be published or issued in hard copy, but a user-friendly web-based version will be available to staff and community. It will permit searches, contain references to federal and State law, and include other valuable information that will assist users of the application.
 - On April 1, 2011, the Department of Health and Human Services, Administration for Children and Families approved the State's new Title IV-E State Plan. Also on April 1, 2011, the State's Title IV-E State Plan PIP was successfully completed.
 - On January 21, 2011 the Department of Human Services convened its first Statewide Citizen Review Panel (CRP). Theresa Costello, Director, National Resource Center for Child Protective Services and Dr. Blake Jones, National Coordinator Citizen Review Panel, provided training to the new Statewide Citizen Review Panel. There are currently 12 panel members that include four members from Oahu, two members from Maui, one member from Lanai City, three members from the Big Island (1-Hilo, 2- Kona) and two members from Kauai. The panel began monthly two-hour teleconference meetings in February 2011, and DHS flies the panel members to Oahu for quarterly in-person meetings.

The Statewide CRP also chose the name *Na Kupa Alo Ana O Hawaii*, which in Hawaiian means "a citizen group with oversight responsibility." The by-laws of Na Kupa Alo Ana O Hawaii were adopted on May 2, 2011

Higher Education Board Allowance

- The higher education board allowance program provides financial support for former foster youth while they pursue post-secondary education at an accredited institution of higher education - either academic or vocational. Eligible youth must apply before the end of their 21st year and may receive a maximum of 60 months (five years) of benefits until they reach age 27. The monthly benefit is equivalent to the monthly foster care maintenance rate of \$529. This program began in 1995 with 31 students. It currently serves 389 students. Since the program's inception 1,164 former foster youth have benefited from this program.

Higher Education	SFY 06	SFY 07	SFY 08	SFY 09	SFY 10	SFY 11
New Students	92	72	112	109	138	149
Returning Students	128	135	132	175	204	240
Total Students Per SFY	220	207	244	284	342	389

Strengths-Oriented Practice

- In partnership with Casey Family Programs, CWSB developed a practice model to establish a framework to capture the mission, values and principles that guide CWS' day-to-day practice with families and communities. The Practice Model was presented to CWS staff during trainings in May and June 2009. Presentations and discussions of the Practice Model with the community, staff, providers, and stakeholders continue to be provided on an on-going basis.
- DHS has successfully implemented strategies and programs to frontload family strengthening and voluntary case management services to families in crisis. These strategies allow families to access community-based early response alternatives that keep families intact and keep children safe, through less restrictive and intrusive approaches.
- Approximately 1,500 families statewide participated in Family Strengthening Services (FSS) and Voluntary Case Management (VCM) services at any given point in time. This strategy has resulted in fewer children in foster care and one of the lowest abuse recurrences rates in the country. This is a tribute to the Department's CWSB intake staff and service providers who clearly demonstrated that interventions can be minimally intrusive and the most effective means for each family.

Together with our community-based VCM and FSS partners CWSB also utilizes the services of Enhanced Healthy Start. Referrals to Enhanced Healthy Start are mandatory for families with children up to one year of age, and optional for families with children one year to 30 months of age. The support, mediation, and guidance provided by Enhanced Healthy Start have resulted in the reduction, and in many cases, the elimination of safety concerns. Enhanced Healthy Start interventions and regular in-home support have enabled several parents to regain custody of their children and provided parents with positive, age-appropriate skills.

- The CWSB partnered with the nationally renowned Casey Family Programs to establish a strategic planning committee to re-assess practices related to (1) assessment, (2) case planning, (3) appropriate service provision, and (4) client engagement. We also developed a CWSB Partnership Practice Model to align policies and procedures with the Department's mission, guiding principles and values, practice strategies and activities. The values are child-centered, family-focused, culturally competent, family engagement, trustworthy and accountable, continuous quality improvement, and collaborative.

- The CWSB and its partners continue to identify and notify relatives of at-risk children with the goal of creating positive connections, and placing the children with appropriate relatives (52% in SFY 2011). The Federal Government has deemed connections and placement with relatives a best practice that provides positive outcomes. The Federal Fostering Connections to Success and Increasing Adoptions Act of 2008 and HRS chapter 587A Child Protective Act also require identification and notification of relatives within 30 days of assuming temporary foster custody of the child. In SFY 2011, the Ohana Finding Program served a total of 366 families; 691 people were contacted; 2,170 total contact efforts (calls and letters) were made.
- ‘Ohana Conferencing is a family decision-making practice that develops and implements safety and permanency plans agreed upon by family members. The ‘Ohana Conferencing process enlists the support of key family members and others to work with CWSB to address and resolve child safety issues. The 2009 Federal Child and Family Services Review (CFSR) exclusively recognized that when families engaged in ‘Ohana Conferences, the outcomes were better for children and families. The fewer number of Ohana Conferences in FY 2010 and 2011 reflect a combination of fewer youth entering State care and a significant decrease in staffing and funding.

Ohana Conferences	SFY 06	SFY 07	SFY 08	SFY 09	SFY 10	SFY 11
# of Families	914	695	727	781	705	488
# of ‘Ohana Conferences	1,445	1,424	1,488	1,485	1,220	981

- Since 2004, the CWSB and its partners have provided Youth Circle conferences for youth exiting the foster care system. The goal is to reconnect them with members of their extended family who can offer support and encouragement. Youth Circles are facilitated family/group decision-making opportunities for youth, age 15 or older. They are designed to celebrate the teenager’s emancipation and to bring together the teenager’s supporters, “family” and service providers who can help the teen develop a plan for future independence.

Youth Circles are solution-focused and youth-driven support systems for youth 15 years and older who are developing their required independent living transition plans. Federally required, this is also the major venue for the development of a transition plan within the 90 days preceding the youth’s 18th birthday. EPIC Ohana, Inc provides this service.

The youth determines who is invited to the Circle and how the Circle will be opened. The Circle members will develop options for housing, education, finances, employment, transportation and physical and emotional health for the youth. The youth chooses the plan to pursue and who will help implement the plan.

Youth Circles	SFY 06	SFY 07	SFY 08	SFY 09	SFY 10	SFY 11
# of Youth with Youth Circles	111	145	130	177	131	144
# of Youth Circles	171	296	294	351	265	280

Partnerships

- The Department partnered with the nationally renowned Casey Family Programs to establish a strategic planning committee that re-assesses social work practice related to (1) assessment, (2) case planning, (3) appropriate service provision, and (4) client engagement. The committee is also developing a CWSB Partnership Practice Model to align agencies written policies and procedures with the Department's mission, guiding principles, practice strategies and activities.

This Practice Model includes outcomes-based contracting for relevant and culturally appropriate community-oriented and community-based services. This year, one of the highlights of the Casey/DHS collaboration was the 2010 *Aha*, or Native Hawaiian gathering, to “*kuka kuka*” or discuss Native Hawaiian involvement in the child welfare system. The *Aha* brought together participants from all of the islands in a single meeting to help develop collaborative strategies for the sake of the children. Participants also discussed strategies to seek out relatives, preserve cultural connections, provide more culturally appropriate and effective services and recruit, retain and support foster and adoptive families. CWS participated in a follow-up statewide *Aha* in November 2010 in Waianae.

The *Aha* expanded in 2011 to include Micronesian and Tongan communities on Oahu. Expansion into other Polynesian communities is planned for Maui, Kauai, and Kona, and other cultural communities.

- The CWSB partnered with the Consuelo Foundation to create the Attachment and Biobehavioral Catch Up (ABC) Pilot Project. Its goal is to address the special emotional and relationship needs of very young children, and children in child welfare services, and to develop secure attachments with their caregivers.
- The CWSB is a member of the Statewide Interagency Quality Assurance committee facilitated by the Department of Health, Child and Adolescent Mental Health Division. This committee includes representatives from the Department of Education, the Department of Health, Child and Adolescent Mental Health, Developmental Disabilities and Family Health Services Divisions, and the non-profit advocacy agencies of Hawaii Families as Allies and Children's Community Council. The committee works to improve service delivery and coordination for children who receive services from more than one agency.
- In collaboration with the National Resource Center for Child Protective Services and Casey Family Programs, the CWSB reviewed cases reported for threat of abuse/neglect to improve practices by identifying trends and areas that need clarification. As a result, definitions and guidelines for threat of abuse/neglect are being revised to increase consistency with in procedures and practices
- In collaboration with the Department of Education, the Family Court, the Legal Aid Society of Hawaii, and the advocacy agency It Takes an 'Ohana, the CWSB developed and piloted protocols and guidelines to promote educational stability for children entering foster care.
- The CWSB and the Department of Health Children and Adolescent Mental Health Division have streamlined the process for referral and treatment of children. This process accommodates referrals of children requiring intensive mental health treatment, expedites treatment and, increases access to mental health services, including therapeutic foster homes for children with severe emotional and behavioral needs.

- The CWSB continues to collaborate with the Family Court, Volunteer Legal Services of Hawaii and the Family Programs Hawaii to support Project Visitation. This project recruits and trains volunteers to provide transportation and facilitate visits with siblings living in different foster homes on Oahu.
- The CWSB met with Family Court to discuss CWS case referrals from the Domestic Violence and Temporary Restraining Order (TRO) calendars and to increase mutual understanding of the dynamics involved in domestic violence.
- The CWSB is a member of the Zero to Three Collaboration with the Family Court to encourage placement stability and appropriate permanent placement of younger children in out-of-home care.
- The Family Drug Court is an on-going successful partnership between the Family Court, CWSB, and the Department of Health's Alcohol and Drug Abuse and Public Health Nursing Divisions to assist families with substance abuse problems.
- The CWSB continues to support and expand the involvement of the Hawaii Foster Youth Coalition, a youth-led organization that advocates for youth in foster care. The coalition also helps foster youth develop leadership skills and provides a mechanism for youth feedback to CWSB to help youth transition from foster care to independent living.
- The CWS also works with the Kapiolani Mentoring Program – Survivors Offering Support. The program's goal is to “offer the foster youth of Hawaii support, stability, and enriched social experiences to help them overcome their past traumas, take control of their lives, and prevent the cycle of abuse and neglect.”
- The CWSB expanded efforts to locate, recruit and place children with extended family. These efforts help ensure permanency for children, by increasing the identification of connections and placement resources within their own family.
- The Department participates in on-going collaborative groups, including the Child Welfare Services Advisory Council, and the Court Improvement Project.

Initiatives and Programs

- **Family Journal**: In December 2011 the Department implemented the use of the “family journal” in the Maui section of the CWSB. The Family Journal is a planning tool designed to assist families manage information, document participation in activities and services, and support mutual engagement with social workers and service providers identified.
- **Ma'ili Receiving Home-Ho'omalua O Na Kamali'i**: This is an on-call residential assessment center for abused or neglected children and families in the Waianae area whose purpose is to keep siblings together. This facility is still going strong after opening in March 2009. The Michael B. Wood family is donating \$8 million over the next 20 years, at \$400,000 a year, to assist with Ho'omalua O Na Kamali'i operating costs.
- **Threatened Harm Round Tables**: CWS completed statewide roundtables to review and assess how the Threatened Harm Guidelines and Safety and Risk Assessments are used in practice. Case information and worker feedback about the guidelines and tools were used to revise and clarify forms and instructions.

- **Early Permanency Round Tables:** Early Permanency Roundtables (EPR) commenced in 2010 and continued in SFY 2011 as a Casey Family Programs project. The purpose of this project is to review cases early to promote case movement towards either reunification or other permanency options, including preference for relatives, and identifying other systemic issues. The EPR Teams (EPRT) included a Master Practitioner from CWSB, staff consultant from Casey, and other consultants (e.g., cultural, mental health, etc.). Casey Family Programs also provides the fiscal support and clinical consultation which allowed for the creation of statewide Roundtables.
- **SHAKA-State of Hawaii Automated Keiki Assistance System:** SHAKA is a 21st Century, on-line data system being developed for CWS by the Research Center, University of Hawaii, Maui Community College. SHAKA is designed to capture and manage client and case information to support safety, permanency and well-being outcomes. The system includes modules for intake screening, investigation, assessment, eligibility determination, service plans, case review/evaluation, monitoring case plans, court processing, financial management, linkage between CWS and other systems, and quality assurance project details.

A senior analyst from the federal Administration for Children and Families, Division for State Systems recently reviewed SHAKA during an on-site technical assistance visit. SHAKA was determined to have design scope more than sufficient to meet federal reporting requirements, intuitive interfaces designed to support the user's experience, conceptual and usage elements/components that are not only "state of the art", but so creative and innovative that other states have yet to conceive or implement them. Several 'excellent concepts' were identified. Of special note is ShakaTown, the interface designed for youth. It gives them access to applications for higher education benefits, important media, legal and personal documents provided by the Department, and personal document storage. Unlimited access to this secured area will support the youth's transition by mitigating the potential loss of critical documents. SHAKA is a leader in innovation and creativity and designed to meet the needs of both DHS staff and community stakeholders.

- **Hawaii Youth Opportunities Initiative:** The Hawaii Youth Opportunities Initiative (HYOI) is a youth-adult partnership designed to improve outcomes for youth who transition from foster care to adulthood. The HYOI partnership includes leaders from child welfare, Family Court, former and current foster youth, post-secondary education, business, communications, housing and health care. Current and former foster youth may enroll in the Opportunity PassportTM, complete financial literacy training, and set up a personal savings account and a matched savings account to purchase approved assets. HYOI and the national Jim Casey Youth Opportunity Initiative are committed to a data-driven approach that measures outcomes in permanence, education, employment, housing, physical and mental health, and personal and community engagement for foster youth transitioning to adulthood. Implementation began on Oahu, expanded to East Hawaii during 2011, and will broaden to include all counties in the next few years.

Significant Challenges

CWS has the primary mandate and responsibility of ensuring the safety, permanency and well-being of children who have been reported as abused or neglected. The Hawaii CWS program has irrefutably demonstrated it is able to accomplish those goals with sufficient staffing and resources.

In FY 2010, approximately 120 positions were eliminated from the program, resulting in a 40% cut in the Child Welfare Services staffing. This reduction in staffing severely impacted CWSB's ability to provide core services to abused and neglected children and families in need. This resulted in the Department's inability to comply with federal and State mandates to protect children and provide intervention, services and treatment to children and families. As demonstrated in the past by similar decreases in staffing this also resulted in the loss of millions of dollars in federal Title IV-E funds. The elimination of trained, functioning staff interfered with

the State's ability to complete casework and administrative functions that allowed the division to draw down Federal matching Title IV-E funds. They currently contribute an estimated \$40,000,000 to Hawaii's CWS program and the economy.

The bottom line is the Department will suffer further service decreases due to a reduced availability of federal funds. That means children will not be as safe as they should be. The Department experienced this cycle in the past, which resulted in the following impact on service delivery:

- Increased response times to reports of abuse or neglect accepted for investigation. We are unable to meet required timeframes for face-to-face contact with victim to ensure their safety. It will be impossible to ensure a timely response to any report of abuse and neglect.
- Increased caseloads and decreased resources availability impacts social workers who investigate reports of abuse or neglect. Some investigative workers carry caseloads of 30 or more families and daily, are being assigned additional cases. These numbers could double with additional staff losses.
- Increased numbers of investigations requires the assignment of other workers to investigate reports of abuse. This decreases the time they have to work on their own active cases, which has already increased due to case reassignments, and will further increase if additional staff is lost. The resulting loss of contact with families impacts the social worker's ability to assess the safety of homes and to work with families to maintain child safety in their homes. CWS staff will be unable to comply with monthly caseworker requirements for face-to-face visits with children, parents and resource caregivers, and will have a harder time involving the family in case planning.
- Worker visits with children assigned to their caseload have decreased from 62% in FY 2009 to 33% in FY 2010. There is a direct correlation between the safety of the child and the progress of the case.
- Staff will resign due to the increased workload, resulting in heavier workloads for remaining staff. The loss of trained, experienced and dedicated staff will further impair our ability to investigate reports of abuse and neglect.
- Foster care re-entries increased from 9.9% in FY 2009 to 13.1% in 2010. We attribute this to the combination of decreased staffing and resources. More children are being reported as abused and neglected, more children are placed in out-of-home care and ultimately, the State incurs higher costs.

Decreasing Child Welfare Services staffing may appear to save money in the short term, but as previously demonstrated, in the long run it will result in much higher human and financial cost.

Looking Ahead

Despite the challenges we face, the CWSB will continue to:

- Maintain the progress made as a result of the first federal CFSR's PIP and continue to improve services to families through the second PIP.
- Ensure a stable and professional workforce.
- Sustain our ability to respond to emerging needs.
- Secure sufficient funding to:
 - Support adequate and appropriate services for children and families.
 - Attain and maintain compliance with federal mandates and requirements.
- Maintain efforts to maximize federal funding.
- Strengthen collaboration and partnerships with families, other governmental agencies and community stakeholders.

Future Planned Improvements

- Provide an appropriate range of staff trainings (e.g. domestic violence, how to engage with families, how to do a home visit) designed to strengthen their knowledge base and skills so they will know how to conduct and analyze initial and on-going safety assessments. This training is necessary to ensure that appropriate individualized services are provided to meet the specific needs of children and families.
- Modify the CWS provider procurement and contracting process to maximize the reduced State and Federal fund, without compromising the quality and quantity of services to children and families.
- Forge new collaborative relationships with Federal, State, City government agencies and community stakeholders to meet PIP2 goals.

2) ADULT PROTECTIVE SERVICES (APS)

The Adult and Community Care Services Branch (ACCSB) of the Social Services Division provides Adult Protective Services to protect vulnerable adults by providing crisis intervention, including investigation, and emergency services to vulnerable adults who are reported to be abused, neglected, financially exploited or seriously endangered due to self-neglect.

Program Goals

Safety – Protection of Vulnerable Adults

- Respond to reports of abuse/neglect, including self-neglect, and financial exploitation of vulnerable adults.
- Maintain the number of vulnerable adults who are re-abused within any 12-month period to 5% or less.

ADULT PROTECTIVE SERVICES

	FY 07 Actual	FY 08 Actual	FY 09 Actual	FY 10 Actual	FY 11 Actual
Reports investigated	575	625	630	1065	1160
Confirmed abuse or neglect	118	110	96	170	99
% confirmed	21%	18%	16%	16%	8.5%
Re-abuse within 12 month period	4.2%	1.8%	4.1	8.2%	6%

Adult Protective Services Outcomes

In FY 2011, adult protective service reports were received and investigated on 1160 vulnerable adults: 79% of the reports involved individuals age 60 and older; 8.5% of the reports investigated were confirmed for abuse, neglect, or financial exploitation. Subsequent re-abuse within a 12-month period occurred for 6 % of the confirmed reports.

Adult Protective Services Achievements

The ACCSB continues to contract with the Department of the Attorney General to implement the Case Management for Elderly Victims of Crime Project on Oahu. The Project provides services to elderly victims of abuse or neglect with unmet needs. The federally funded program includes funds for two social workers and a social service assistant. These staff help clients access needed services, including financial management services. Funding is provided through the federal Victims of Crime Act (VOCA).

Planning for the Future

As a result of the reduction in force and the subsequent hiring freeze, APS lost approximately 25% of its staffing over the past several years. With the lifting of the hiring freeze in July 2011, APS has identified 21 vacant funded positions that we are in the process of filing.

CHAPTER FOUR: HEALTH

The Department of Human Services assists low-income adults and children obtain needed health care through the federal Medicaid health insurance program. State-funded programs help provide health care for low-income adults and children who are not eligible for Medicaid. The various programs cover primary, specialty, hospital, and long-term care.

MED-QUEST DIVISION (MQD): Programs, Services, Achievements, and Looking Ahead

The Med-QUEST Division administers the State's Medicaid and other health insurance programs. Medicaid, a federal program created by Congress in 1965, was designed to provide access to medical care for the low-income population. For FY 2011, MQD spent approximately \$1,742,000,000 (including \$1,166,000,000 in federal funds) for benefits and administration of the Medicaid program. Increased federal financial participation during the federal stimulus period resulted in additional federal funding.

The MQD provides health insurance through several Medicaid programs under Title XIX of the Social Security Act. The health insurance coverage includes the Medicaid Fee-For-Service (FFS) program, the comprehensive Medicaid managed care programs QUEST and QUEST Expanded Access, and the limited benefit health programs QUEST-Net and QUEST-ACE. Other smaller programs include Transitional Medical Assistance (TMA), State Children's Health Insurance program (S-CHIP), Federal and State-funded Coverage of Individuals with Breast and Cervical Cancer, and Special Programs for Medicare Beneficiaries. Additionally, the MQD oversees the State's Funeral Payments program. Collectively, these programs enable low-income adults and children to maintain and improve their health by providing payment for medical, dental and other medically necessary health care services.

Application and Eligibility

There is a general application form for all Medical Assistance programs. A separate, simplified application form is used for pregnant women and children. All interested individuals are urged to apply, and the Department will place eligible persons in the appropriate program. There are basic eligibility requirements, including income and asset limits, which differ by "coverage groups" - children, pregnant women, the elderly, and the disabled.

Basic eligibility requires the applicant to: (1) be a U.S. citizen or qualified alien age 19 years and older (citizenship requirements may be waived for individuals under age 19); (2) be a Hawaii resident; (3) not be residing in a public institution, and (4) provide a Social Security number.

Financial eligibility requires the applicant to stay within income and asset limits. However, pregnant women and individuals under age 19 are not subject to an asset limit.

The MQD coordinates with other health insurers to ensure that its medical assistance recipients who have other health insurance coverage exhaust those benefits before MQD benefits are provided. The MQD also recovers medical expenses when its recipients are injured in motor vehicle accidents, employment-related accidents, and when medical assistance recipients recover damages from malpractice suits, product liability suits, and other lawsuits. Under certain conditions, a claim also may be filed against the estate of a deceased medical assistance recipient for funeral, burial, or medical expenses.

The MQD Eligibility Branch (EB) staff processed 75,627 applications in FY 2011. The EB staff also provided assistance to the Benefit, Employment and Support Services Division (BESSD) for their medical cases. In total, the MQD oversaw the provision of health care to more than 272,000 eligible residents during FY 2011. EB staff continues to actively work with community agencies and groups to ensure easy access to health insurance and swift problem resolution.

The Federally Qualified Health Centers (FQHCs): DHS has funded an outreach program with the FQHCs that helps families with children complete and submit applications to the MQD for determination of medical assistance eligibility.

Applications from FQHCs in FY 2008, 2009, 2010, 2011						
Date	East-HI	West-HI	Kauai	Maui	Oahu	Total
FY 2008	622	457	352	1,701	4,010	7,142
FY 2009	1,005	541	269	1,935	4,053	7,803
FY 2010	1,070	841	155	1,583	7,892	11,541
FY 2011	1,080	867	170	1,645	7,855	11,617

Pregnant Women and Children's Application: The MQD continued to expedite the application process for pregnant women and children, through the use of the Medical Assistance Application for Children and Pregnant Women Only Form (DHS 1108). Use of this simplified form (called the "Pinkie") helps the Department process pregnant women applications within five working days of the Department receiving the completed application.

In FY 2011, the MQD updated its pregnancy status information. In FY 2008, 2009, and 2010, the number of women recipients identified as being pregnant in the eligibility system were 8,104, 8,837, and 9,571 respectively. The number of pregnant women receiving medical assistance at the end of FY 2011 decreased to 4,018. This reduced number does not represent any changes in pregnancy rates. Instead the reduction reflects improved accuracy of our data and program integrity through accurate verification of pregnancy status.

1) HAWAII QUEST MANAGED CARE (QUEST)

The QUEST program serves eligible individuals who are under age 65 and are not blind or disabled. The income range for eligible adults and children ages 6 to under 21 is up to 100% of the Federal Poverty Level (FPL). For children ages one to less than 6 years, the income range for eligibility is up to 133% of the FPL. For newborns and children under one year of age, the income range for eligibility is up to 185% of the FPL. Knowing that all plans offer the same required benefits along with their own optional benefits, QUEST participants may choose coverage from participating managed health plans throughout Hawaii. Beneficiaries choose their primary care provider from among the provider network of their respective medical plans. The QUEST health plans pay contracted health care providers for medical services received by enrollees. Dental services for QUEST recipients are carved-out of the QUEST program and covered on a fee-for-service basis. QUEST enrollment was 213,853 at the end of FY 2010 and 225,301 at the end of FY 2011.

Benefits under QUEST include:

- Inpatient hospital care – medical, surgical, and rehabilitation care, inpatient psychiatric and detox, maternity and sub acute;
- Outpatient hospital care – emergency room, ambulatory surgical centers and outpatient psychiatric;
- Prescription drugs (generic unless unavailable), maintenance prescription drugs, prenatal vitamins, and birth control pills for adults;
- Laboratory, radiology, and diagnostic;
- Biological and medical supplies including medical equipment and appliances;
- Physician services;
- Podiatry;
- Whole blood;
- Eye examination, refraction, and eyeglasses;
- Prosthetic devices, including hearing aids;
- Transportation to, from, and between medical facilities, including inter-island or out-of-state air transportation, food and lodging when necessary;
- Nursing facility services and home health;
- Respiratory care services;
- Hospice care services; and
- Dental services – individuals under 21 have full dental benefits, adults have emergency care only.

2) HAWAII QUEST EXPANDED ACCESS MANAGED CARE (QExA)

The QUEST Expanded Access (QExA) program was implemented in FY 2009 to include seniors 65 years and older and individuals of all ages with disabilities. Individuals in the QExA program receive service coordination, outreach, improved access, and enhanced quality healthcare services through a managed care delivery system. QExA also was expanded to include long-term care services, both institutional and home and community-based waiver services.

Innovative home and community-based programs help prevent premature institutionalization of vulnerable dependent adults and children by providing a continuum of comprehensive home and community-based services (HCBS) and Medicaid HCBS waiver programs. Providing home and community-based services in lieu of costly institutional long-term care services saves taxpayers money.

With few exceptions, QExA clients receive their primary, acute, and long-term care services through a managed health care plan. Long-term care services include both home and community-based services (HCBS) as well as institutional care (nursing facilities). The two health plans that contract with the MQD for the QExA program are Evercare QExA and 'Ohana Health Plan.

The QExA Ombudsman program continues to help clients who have difficulty navigating the QExA program. MQD works with the Hilopa'a Family to Family Health Information Center to help QExA clients resolve their issues. Hilopa'a's center is staffed with veteran moms and caregivers of individuals with a disability. In their role, they are uniquely qualified to help QExA clients address their concerns.

MQD continues to monitor the outcomes of the QExA program as well as ensure the QExA health plans meet their contractual obligations. During the 2009 Legislative Session, MQD partnered with the State Senate's Health Committee and Human Services Committee to develop a QExA Dashboard. This monthly Dashboard looks at areas including client demographics, provider networking, call center statistics, and both client and provider complaints. The Dashboard is one step that MQD has taken towards public monitoring of health plan outcomes.

At the end of FY 2010, there were 42,243, clients enrolled in the QExA program and at the end of FY 2011 there were 43,344 enrollees.

Since the program's inception, the number of Medicaid recipients in nursing facilities has decreased 17% and the number receiving HCBS has increased 97%.

3) MEDICAID FEE-FOR-SERVICE (FFS)

The FFS program is for individuals who meet the medical assistance eligibility requirements of QUEST or QExA but are not enrolled in a health plan. Typically this covers the period between date of eligibility and the date when a recipient selects or is assigned to a health plan. Dental services also are provided on a FFS basis as are programs administered by the Department of Health including the Adult Mental Health Division, Child and Adolescent Health Division, Developmental Disabilities Division, and Early Intervention program. Organ and tissue transplantation is also covered on a FFS basis. In the FFS program, the State reimburses any participating Medicaid provider for covered services provided to eligible recipients.

At the end of FY 2010, there were 3,217 clients enrolled in the FFS program and at the end of FY 2011, there were 3,573 enrolled in FFS.

4) EARLY & PERIODIC SCREENING, DIAGNOSIS & TREATMENT (EPSDT)

The Early & Periodic Screening, Diagnosis & Treatment (EPSDT) program offers additional services for all Medicaid clients under 21 years of age with no co-payment requirement. EPSDT provides coverage for:

- Complete medical and dental examinations;
- Hearing, vision and laboratory tests;
- Immunizations and skin tests for tuberculosis;
- Assistance with necessary scheduling and transportation upon request; and
- Additional needed treatment for conditions detected during screening.

Annual EPSDT Participation Report	FY 2007*	FY 2008	FY 2009	FY 2010	FY 2011
Total individuals eligible	146,659	132,459	145,702	152,235	**
Total screens performed	92,301	100,014	109,272	117,218	**

* Some data may be inflated due to positive enrollment that occurred in FY 2007. Positive enrollment led to greater flexibility between health plans.

** FY 211 data is not available until February 28, 2012

5) QUEST-NET

The QUEST-Net program offers adult beneficiaries limited health care benefits. Children in QUEST-Net receive the same complete benefits as in the QUEST program including EPSDT. To be eligible for QUEST-Net, beneficiaries first must have been enrolled in the QUEST, QExA or FFS programs and subsequently lost coverage due to increased income, assets, or other disqualifying reasons. The income range for QUEST-Net can be up to 200% of the FPL.

Maternity benefits are not covered under the QUEST-Net program, but once an adult female is determined pregnant, she may apply for the QUEST program and when deemed eligible, receive full maternity benefits including prenatal vitamins.

QUEST-Net enrollment was 1,180 at the end of FY 2010 and 1,144 at the end of FY 2011.

6) QUEST SPENDDOWN

The QUEST Spenddown program provides medical and dental coverage to certain families and children who, because of their income, are not eligible for coverage under the QUEST program. QUEST Spend-down is also available to QUEST-Net recipients who have a medical need for which QUEST-Net coverage is exhausted or is not provided.

To qualify, a family's monthly gross income must be more than the FPL but not exceed 300% of the FPL for a family of applicable size. The family also must have monthly medical bills equal to or greater than the family's excess income. The spend-down amount is the family's excess earned income. In any month it is eligible, the family is responsible for paying medical bills up to the spend-down or excess income amount. The QUEST Spend-down program will pay any remaining medical bills in excess of the spend-down amount, if it is an eligible QUEST service.

QUEST Spend-down enrollment in FY 2010 was 2,408. In June 2011 enrollment was 2,365.

7) QUEST-ACE (Adult Coverage Expansion)

The QUEST-ACE program, implemented in March 2007, provides the same limited health care benefits as the QUEST-Net program. Unlike QUEST-Net, to qualify for QUEST-ACE, an individual need not have been previously enrolled in QUEST, QExA or FFS.

To receive QUEST-ACE benefits, an individual must be:

- An adult 19 years or older;
- In a household with countable income that does not exceed 200% FPL; and
- Without other insurance coverage, unless the individual is a financial assistance recipient who participates in the Department's Grant Diversion or Supporting Employment Empowerment (SEE Hawaii Work) programs.

The coverage package is not as comprehensive as the QUEST package, but includes physician visits, hospital stays, emergency room visits, surgery, diagnostic tests, limited dental, immunizations and a limited drug formulary.

The QUEST-ACE program will continue to cover uninsured eligible adults in FY 2012, which will result in the strengthening of the State's health safety net. QUEST-ACE coverage will lessen the amount of uncompensated care costs for health care providers. The State of Hawaii was required to meet an enrollment benchmark of 3,500 enrollees by June 30, 2010 which was achieved by FY 2009.

QUEST-ACE enrollment was 11,550 in FY 2010 and 12,395 in FY 2011.

8) TRANSITIONAL MEDICAL ASSISTANCE (TMA)

Prior to the Welfare Reform Act of 1996, a person who was eligible for Aid to Families with Dependent Children (AFDC) was automatically eligible for Medicaid. AFDC is the predecessor to the current TANF program. The Welfare Reform Act delinked TANF and Medicaid eligibility and concurrently created Section 1931 of the Social Security Act to provide health coverage to persons who formerly would have been eligible for both AFDC and Medicaid.

Previously, when a recipient lost AFDC eligibility due to increased earnings or work hours, the recipient was entitled to AFDC Transitional Medicaid for up to 12 months. Under Section 1931 provisions, a recipient who qualifies for medical assistance using Section 1931 standards can receive free medical assistance. When a recipient loses Section 1931 status, free medical coverage is continued for up to 12 months under the provisions of Section 1925 of the Social Security Act.

To be eligible for the Section 1925 extension, a family must: (1) have been eligible under Section 1931 provisions in three of the past six months, (2) have lost Section 1931 eligibility due to increased earnings or loss of earned income exemptions of a family member, and (3) include a child under age 19. To be eligible for the second six-month extension, the family must include a child under 19 and report income and child care information. In addition, free medical assistance can be provided for a four-month period to recipients who lose Section 1931 eligibility due to increased child or spousal support.

At the end of FY 2009, the TMA program enrollment was 4,619. At the end of FY 2010, TMA program enrollment was 3,994. At the end of FY 2011, TMA program enrollment was 5,183.

9) STATE CHILDREN'S HEALTH INSURANCE PROGRAM (S-CHIP)

S-CHIP was created to help states expand health coverage for children whose parents may be working, but do not earn enough to pay for private coverage for their children. S-CHIP was implemented as a Medicaid expansion program in Hawaii. Currently, eligible blind and disabled children receive coverage through the QUEST Expanded Access (QExA) program. Those who are not blind or disabled are covered under the QUEST managed care program.

To avoid confusion S-CHIP is not referenced as a separate program. Instead, the QExA and QUEST programs are identified as providing coverage to all eligible children.

To qualify for free health coverage, children must be uninsured, under age 19, and have family incomes not exceeding 300% of the FPL. In 2011, this was a monthly income of \$5,331 for a three-person household; \$6,429 for a four-person household. There is no asset test requirement for this program.

At the start of FY 2010, federal funds covered 67.97% of the program costs, and the State's Tobacco Settlement Funds covered the remaining 32.03%. Enrollment in S-CHIP increased from 18,787 in FY 2009 to 20,763 in FY 2010.

For FY 2011, federal funds covered 66.25% of S-CHIP costs and the State's Tobacco Settlement Funds covered 33.75% of the program's cost. Enrollment in S-CHIP increased from 20,763 in FY 2010 to 25,141 in FY 2011.

10) IMMIGRANT CHILDREN'S PROGRAM

Hawaii no longer maintains a separate state-funded program for immigrant children. The federal Children's Health Insurance Program Reauthorization Act of 2009 permitted Compact of Free Association (COFA) and immigrant children to become eligible under S-CHIP. COFA and immigrant children are now covered under Hawaii's Medicaid expansion CHIP program, and Hawaii receives federal matching funds for medical assistance provided to them.

11) MEDICAL ASSISTANCE FOR PREGNANT LEGAL IMMIGRANT WOMEN

Hawaii no longer maintains a separate state-funded medical assistance program for pregnant legal immigrant women. The federal Children's Health Insurance Program Reauthorization Act of 2009 permitted COFA and immigrant pregnant women to become eligible under S-CHIP. COFA and immigrant pregnant women are now covered under Hawaii's Medicaid expansion CHIP program, and Hawaii receives federal matching funds for medical assistance provided to them.

12) BREAST AND CERVICAL CANCER PROGRAM

Medicaid FFS is available to individuals under age 65 with cancer or pre-cancerous conditions of the breast and cervix, as allowed by Public Law 106-354. These individuals must be screened and diagnosed by a physician approved by the Hawaii Breast and Cervical Cancer Control Program of the Department of Health. In addition, applicants can not have medical coverage that would pay for the treatment of their breast or cervical cancer, and their gross family income cannot exceed 250% of the FPL. Assets are not considered in determining eligibility. In FY 2009, 31 individuals received coverage under this program. In FY 2010, 36 individuals received coverage, and in FY 2011, 31 individuals received coverage.

Hawaii provides the same coverage to women who are legally admitted immigrants and barred from any federally-funded medical assistance program, or are citizens of the Marshall Islands, the Federated States of Micronesia, or Palau, through a look-alike program funded entirely with State funds. The State companion program for individuals with breast and cervical cancer was established in 2001 by the Hawaii Legislature under Act 278. In FY 2009, only 4 individuals received coverage from this program. In FY 2010, 5 individuals received coverage, and in FY 2011, 4 individuals received coverage.

Breast and Cervical Cancer Program Recipients

Program	July 2009	July 2010	July 2011
Federal Breast Cancer	29	34	26
Federal Cervical Cancer	2	2	3
State Breast Cancer	4	5	4
State Cervical Cancer	0	1	1

13) FUNERAL PAYMENTS PROGRAM

The Funeral Payments program provides partial funeral expense payments to qualified applicants, up to a maximum of \$400 for mortuary expenses and \$400 for burial expenses. Any person may apply for the deceased. Applicants need to apply for funeral benefits with the Med-QUEST Division before making the funeral arrangements. The total program expenditure for FY 2010 was \$590,865.31. In FY 2011, MQD began paying the difference between the deceased individual's assets and the amounts described for claimed corpses, as permitted by Hawaii Revised Statutes and Hawaii Administrative Rules. MQD continues to pay \$800 for unclaimed corpses. Total program expenditure for FY 2011 was \$484,715.

The deceased person may be eligible for the program if:

- They were eligible for medical or financial assistance from the State, or
- They are an unclaimed body, meaning they died without any known or surviving relatives and friends, or the deceased person died without any legally responsible relatives (for example, the deceased did not have a spouse or legal guardian).

14) THIRD PARTY LIABILITY PROGRAM

The Third Party Liability (TPL) program requires that medical assistance recipients carrying other health insurance coverage exhaust those benefits before other assistance benefits are utilized. This is to ensure the Medicaid program is the payor of last resort. As such, the State Medicaid agency and/or its designated agents must make active efforts to cost-avoid or recover Medicaid payments made on claims for which other coverage was available when health care services were rendered.

The Department of the Attorney General (State Claims Unit), coordinated with the TPL contractor, Affiliated Computer Services (ACS), and other health insurance providers such as the QUEST Health Plans (HMSA, Kaiser and AlohaCare), the QExA Health Plans (Ohana and Evercare), Medicare, CHAMPUS, the Veteran's Administration, and Worker's Compensation to help contain Medicaid program expenses by recovering Medicaid expenses when accident or liability insurance is liable and by cost-avoiding medical expenses when a recipient has other health insurance coverage.

The TPL contractor (ACS) recovers medical expenses on the agency's behalf when Medicaid FFS, QUEST or QExA recipients are injured in motor vehicle or employment related accidents, and when Medicaid FFS, QUEST or QExA recipients recover damages from malpractice suits, product liability suits, and other lawsuits related to slip and fall injuries, and assaults. The TPL contractor also conducts Medicaid recovery activities on deceased recipients subject to estate recovery by filing small estate claims.

The Attorney General's State Claims Unit also places liens on home property of Medicaid recipients confined in nursing homes and files claims against a deceased recipient's estate when real property is involved.

The QUEST and QExA Health Plans help to contain medical expenses by identifying and reporting their members' other health insurance coverage, cost-avoiding medical expenses and recovering accident claims.

15) MEDICARE MODERNIZATION ACT (MMA) - MEDICARE PART D

Since January 2006, Medicare has provided prescription drug coverage for Medicaid recipients who also have Medicare insurance. Drug coverage is provided through Medicare Part D Prescription Drug Plans (PDPs). Much like commercial health plans are responsible for medical services of an enrolled membership, the PDPs are responsible for the prescription drugs for the Medicare eligible population. Medicaid will continue providing prescription drug coverage for some drugs that are excluded for coverage by the MMA.

The Medicare Part D program affected approximately two-thirds of the Aged, Blind and Disabled (ABD) recipients in the Medicaid FFS program who had both Medicare and Medicaid eligibility (dual-eligible). Under the Medicare Part D program, CMS auto-assigned dual-eligible individuals to Prescription Drug Plans (PDP). The Medicaid FFS program continues to provide coverage for medically necessary "excluded" drug classes, which Medicaid has covered in the past. The result is that dual-eligible individuals continue receiving coverage for their medically necessary drugs with a combination of Medicare Part D and Medicaid coverage.

16) STATE PHARMACY ASSISTANCE PROGRAM (SPAP)

The State Pharmacy Assistance Program (SPAP) was a fully funded state program that provided drug co-payment assistance to elderly or disabled individuals who have Medicare insurance and whose income does not exceed 150% of the FPL (in FY 2010 no more than \$18,696 per year for one person; \$25,140 per year for a two-person family).

SPAP was enacted in January 1, 2006 to temporarily help Medicaid clients' transition to Medicare Part D. The SPAP program ended on June 30, 2011.

17) HAWAII RX PLUS PROGRAM

The implementation of the Hawaii Rx Plus program in July 2004 enabled the State to offer a prescription drug discount program to all Hawaii residents with incomes equal to or less than 350% of the FPL, and who lacked prescription drug coverage or had insufficient prescription drug coverage.

The program enabled the State to make prescription drugs more affordable for qualified low-income Hawai'i residents. Implementation of the federal Medicare Part D prescription drug program and the availability of free, or more generous prescription discount programs to all Hawaii residents without eligibility restrictions, has rendered the Hawai'i Rx Plus prescription discount program obsolete.

The Hawai'i Rx Plus program was discontinued in FY 2011. The DHS Med-QUEST Customer Service Branch continues to identify free pharmacy discount programs for callers.

18) MEDICAID WAIVER PROGRAM

The Developmentally Disabled/Mentally Retarded Home and Community-Based Services (DD/MR HCB) Program, was established in 1983 to serve individuals with developmental and intellectual disabilities living in the community, and who are Medicaid-eligible and certified as requiring ICF-MR (Intermediate Care Facility-Mental Retardation) level of care. The DHS and Department of Health (DOH) collaborate to administer and implement this program and to maximize federal Medicaid reimbursement.

A total of 2,414 individuals were served in FY 2009, 2,466 individuals were served in FY 2010 and 2,645 individuals were served in FY 2011.

19) HEALTH INSURANCE PORTABILITY AND ACCOUNTABILITY ACT (HIPAA)

During FY 2009, the U.S. Department of Health and Human Services issued new HIPAA guidance in the American Recovery and Reinvestment Act (ARRA) passed by Congress. The new HIPAA rules increased compliance penalties for the legal entities covered by HIPAA regulations. As a legal entity DHS will need to review, and if necessary, update internal processes and policies to meet the new requirements. New Health Information Exchange (HIE) requirements will require working with stake holders to ensure accessibility and confidentiality of Protected Health Information (PHI).

MQD continually monitors Federal HIPAA Privacy, Security and Transaction and Code Set compliance throughout the Division. New State identity theft laws and recent incidents of data security breaches throughout the nation emphasize the need for a robust and adequately staffed information security compliance program. The DHS Information Security Compliance team (ISCT) continues to review and develop strategies to protect and prevent data security breaches.

20) GOING HOME PLUS PROGRAM

In May 2007, MQD received a \$10.3 million “Money Follows the Person” grant from CMS to transition MQD clients from an institution (i.e., nursing facility, acute care hospital or ICF-MR facility) into the community. Planning for Going Home Plus began in Fall 2007 with a stakeholders planning group that included a coalition of community partners and government agencies. The Going Home Plus program is the continuation of an already established Going Home program that successfully transitioned over 800 Medicaid clients from acute care hospitals into the Residential Alternatives Community Care program (RACCP). Members of the Going Home Plus program can transition from nursing facilities to either a CCFFH home or to their own home with services.

The Going Home Plus program had 60 admissions during FY 2011. The program was integrated with QExA in 2011 to improve coordination and seamlessness for the client. At the end of FY 2011, the program had served 107 clients.

LOOKING AHEAD

The MQD continues to implement necessary changes in response to its decreased budget. At the same time, MQD strives to positively transform healthcare, and improve healthcare value and quality with subsequent reduction in expenditures. The major undertaking for the next two years will be preparing for compliance with the Affordable Care Act. That requires an entirely new methodology for determining eligibility, eligibility expansion, and implementation of a new eligibility system to interface with the health insurance exchange. Normally, implementation of a new eligibility system takes 3-5 years.

MQD continue to increase value-based requirements in its managed care contracts to include financial incentives for certain quality thresholds and requirements for medical homes. The division also continues public reporting on the performance of our health plans. We are also pursuing the Medicaid electronic health record incentive program and opportunities to better integrate care for individuals who are beneficiaries of both Medicare and Medicaid. Information on the Med-QUEST Division and programs can be found at www.med-quest.us.

B. SOCIAL SERVICES DIVISION (SSD): Programs, Services, and Achievements

ADULT AND COMMUNITY CARE SERVICES BRANCH (ACCSB)

The Adult and Community Care Services Branch (ACCSB) administers programs to prevent premature institutionalization of vulnerable adults by providing a continuum of home and community-based services. ACCSB also licenses and certifies programs related to the care and wellbeing of the elderly and disabled.

Program Goals

Prevention of Premature Institutionalization. That includes:

- Providing a continuum of home and community-based services.
- Protecting vulnerable adults.
- Supporting an adult's ability to remain in and be part of the community as independently as possible in the least restrictive and home-like environment.
- Respecting the adult's right to self-determination.

Home and community-based services

Adult Foster Care provides placement and case management services to eligible clients in licensed adult residential care homes. To receive adult foster care services, an individual must be eligible for Supplemental Security Income (SSI), Medicaid, or financial assistance from DHS

Chore Services provides essential in-home housekeeping services to enable eligible disabled adult clients to remain in the community even if they do not meet the Med-QUEST Division (MQD) eligibility requirements for the QUEST Expanded Access program (QExA). To receive chore services, an individual must be eligible for Supplemental Security Income (SSI), Medicaid, or financial assistance from DHS and not be eligible for services from MQD's QExA program. Services may also be provided without regard to income in APS cases.

Courtesy Repatriate Services provides temporary resettlement assistance, care and treatment for U. S. citizens who return from a foreign country because of destitution, illness, threat of war or a similar crisis. The Department's Benefit, Employment and Support Services Division (BESSD), MQD and Social Services Division (SSD) work cooperatively to access governmental benefits and local resources for repatriates arriving in Hawaii. Repatriates often have little or no support in Hawaii.

Foster Grandparent Program enables low-income seniors to assist children with special and exceptional needs in schools, Head Start sites, and non-profit organizations.

Respite Companion Service Program is a training/employment program that teaches job readiness skills to low-income older adults at designated adult day care and day health facilities, or within the homes of older adults, with the goal of preparing them for employment opportunities.

Senior Companion Program offers stipends to low income older adults who provide in-home companionship and limited personal care to frail elders, and respite and relief for caregivers. The Senior Companion Programs also provides low-income older adults with volunteer opportunities through which they are able to assist frail homebound elderly and provide respite to their caregivers.

Licensing and certification programs

Adult Day Care Centers are licensed annually to ensure that standards are met. Adult Day Care Centers provide supportive care to elderly and disabled adults for their health and welfare.

Community Care Case Management Agencies are licensed every one or two years to ensure that standards are met. The Community Care Case Management Agencies place and provide services to individuals requiring a nursing facility level of care in Community Care Foster Family Homes, or Medicaid recipients in Expanded Adult Residential Care Homes or Assisted Living Facilities.

Community Care Foster Family Homes (CCFFHs) are certified every one or two years to ensure that standards are met. CCFFHs provide 24-hour living accommodations, care and supervision for individuals at a nursing facility level of care who are placed by licensed Community Care Case Management Agencies.

Nurse Aide Training and Competency Evaluation Programs are certified every two years or whenever there is a change in instructors, classroom or clinical sites. DHS establishes the curriculum requirements for state certification of nurse aide training programs and determines whether the program qualifies to be State-certified. Requirements of the training are mandated by Federal and State laws. Certified Nurse Aide Training Programs provide training to individuals who will, upon graduation, have the knowledge and skills to perform nurse aide duties. The programs are taught largely by community colleges and private health-related agencies. Graduates are eligible to take the State certification examination.

ACCS Program Achievements in FY 2011

- The Senior Companion Program enlisted 93 companions who provided 102,312 hours of service to 284 clients in their home environment.
- The Respite Companion Service Program enlisted 44 individuals who provided 28,428 hours of service work through community placements.
- The Foster Grandparent Program enlisted 136 foster grandparents who gave 120,236 hours of service to 489 children with special needs (an average of 884 hours annually per foster grandparent).
- DHS received six referrals for repatriate services from other countries. Four of the six referred repatriates arrived in Hawaii with significant income, housing, and health needs. DHS worked closely with the individual repatriates to address their needs.
- Eight new Adult Day Care Centers (ADCCs) were licensed and 31 existing ADCCs were re-licensed for a total of 39 Adult Day Care Centers statewide.
- A total of 22 Community Care Case Management Agencies were licensed statewide.
- A total of 1,072 Community Care Foster Family Homes were certified statewide.
- The Nurse Aide Training and Competency Evaluation Program certified four new programs and recertified 15 ongoing nurse aide training programs statewide. A total of 15 schools statewide received re-certification and 4 schools were newly certified during the fiscal year. Currently there are 38 certified nurse aide training programs statewide.

Home and Community-based Services & Number of Clients

PROGRAM	FY 08 Actual	FY 09 Actual	FY 10 Actual	FY 11 Actual
Chore	1,155	1,600	60	67
Adult Foster Care	45	55	15	11
Senior Companion <i>(# Companions /# clients served)</i>	96 / 271	91/227	96/326	93/284
Respite Companion <i>(# Respite Companions/# number of hours of service. Work is performed in group settings at day care and health care facilities and with individual clients)</i>	41 /26,480	54/36,587	43/34,715	44/28,428
Foster Grandparent <i>(# Foster Grandparents served/ # children with special needs served annually.</i>	140 / 703	125/831	143/581	136/489
Courtesy Repatriate Program	N/A	N/A	N/A	6
Licensure of Adult Day Care Centers <i>(Total number of facilities licensed or certified)</i>	N/A	N/A	31	39
Licensure of Case Management Agencies <i>(Total number of facilities licensed or certified)</i>	N/A	N/A	29	22
Certification of Community Care Foster Family Homes <i>(Total number of facilities licensed or certified)</i>	N/A	N/A	944	1072
Approval and Certification of Nurse Aide Training Schools	N/A	N/A	15	19

Looking Ahead

- ACCSB plans to continue the Chore Services program. Although not a mandated State service it provides a valuable resource for elderly and disabled individuals who do not meet the requirements for MQD's QExA program.
- ACCSB expects Courtesy Repatriate Services to continue to grow. Until FY 2011, there were between 0 to 2 referrals per year. Recently, ACCSB has experienced increased referrals that require more extensive coordination and case management than previous repatriates.
- The DHS (ACCSB) and the Department of Health (DOH) are actively exploring the transfer of the functions for licensing of adult day care centers, the licensing of community care case management agencies and the certification of community care foster family homes from DHS to DOH. The purpose of the proposed transfer is to streamline operations and consolidate all licensing functions for long-term care programs within one department. This will promote continuity of oversight and standardization of licensing and certification requirements.

CHAPTER FIVE: DHS ADMINISTRATION AND SUPPORT SERVICES

A. DHS ADMINISTRATION

The Office of the Director has the primary responsibility for the operations of the Department of Human Services. The Director is appointed by the Governor and confirmed by the Senate, and is assisted by a Deputy Director.

Five Staff Offices support the DHS Administration, operating divisions, and attached agencies.

The Administrative Appeals Office (AAO) currently provides administrative due process hearings in contested cases for the Department. The AAO has contracts with 14 private practice attorneys, through appointment by the Director of DHS under Hawaii Revised Statutes §346-12, to conduct hearings. The AAO receives approximately 1,300 administrative hearing requests and referrals annually and issues approximately 750 administrative hearing decisions each year. The AAO also serves as the rules coordinator for the Department and reviews administrative proceedings for the adoption, modification, or repeal of departmental rules.

The Fiscal Management Office (FMO) provides staff assistance and advisory services for the administrative functions of fiscal management. The FMO formulates policies and procedures and administers the Department's central accounting, funds management, client and vendor payment, employee payroll, inventory management, contracting, purchasing, records management, office space allocation, and central mail distribution functions. The FMO also provides consultative and technical advisory services in these functional areas.

The Management Services Office (MSO) provides research, budget, quality assurance, program and financial evaluation, and assessment capabilities to enable the DHS to oversee its programs and to make effective decisions concerning those programs. The MSO conducts studies, analyses, evaluations, and reviews to ensure regulatory compliance, achievement of stated goals and objectives, and effective and efficient departmental programs and services and use of resources.

The Office of Information Technology (OIT) is responsible for the overall administration, planning, direction, management, development, implementation and maintenance of all Information Technology (IT) and Information Systems processing for the Department statewide. The OIT provides project planning and management, business application systems development and maintenance, systems software and hardware management, telecommunications and network management and support, and technical training. The OIT operates the Data Center including computing facilities management, data control and technical help desk functions located in the Queen Liliuokalani Building basement. The OIT also oversees the administration of the dedicated DHS Mainframe system complex and all hardware peripherals located at the Department of Accounting and General Services (DAGS) Information and Communication Services Division (ICSD), separate from the State's mainframe system. Additionally, this office directs and coordinates all IT matters within and between the DHS and other State and county agencies, federal agencies, and commercial hardware and software vendors including private consultants.

The Personnel Office (PERS) oversees the personnel programs of the Department, including recruitment, examination and placement, position description, classification and pricing analysis, labor relations, civil rights, employee safety and relations, employee training and development, personnel transactions, and maintenance of personnel records.

B. INVESTIGATION AND RECOVERY OFFICE (INVO)

The Investigative and Recovery Office (INVO) provides investigative services in support of the DHS' efforts to discover, investigate, report, and prosecute crimes that violate the law and/or administrative rules for programs administered by the BESSD. In addition to prosecutions, the INVO disqualifies clients who provide false eligibility information, and recovers to the maximum amount of practicable moneys due the DHS as a result of overpayments. The INVO also conducts investigations of malfeasance within the Department.

- New Fraud Cases: 59 new criminal judgments were processed and the information established in HARI (Hawaii Accounts Receivable Integrated system - DHS Overpayment Collection system).
- HARI Claims: 244 non-fraud and IPV claims were manually inputted or modified in HARI.
- Referrals/Inquiries: Responded to 383 referrals/inquiries from clients, Eligibility Units, BESSD Program Office, FMO, etc.
- Restitution Monitoring of Probationers: An average caseload of 499 individuals on probation for theft/welfare fraud convictions and deferral pleas were monitored for payments.
- Locates: 267 individuals with outstanding felony arrest warrants were located for the Sheriff's Office. 72 individuals were located for the social service programs.
- Fleeing Felons Project: 229 financial/food stamps HAWI cases with total yearly benefit of \$1,549,068 were closed; Research conducted on 237 inquiries from current and past fleeing felon lists; Research conducted for 633 inquiries from BESSD Units for names not on fleeing felon lists.
- Parole/Probation Violators, Drug Convictions: Research conducted for 67 inquiries.
- Federal Treasury Offset Program (TOP): Completed reviews on, or entered into repayment agreements in the 43 pre-tax referrals. Completed reviews on the 97 tax intercept referrals received.
- Bureau of Conveyances: 17 criminal judgments were filed with the Bureau of Conveyances to secure restitution owed DHS.
- Lump Sum Payments: Received overpayment payoffs totaling \$10,554 from 5 clients due to criminal judgment lien (1) and probation monitoring (4).
- Bankruptcy: 23 cases were processed for write-off due to bankruptcy discharge.
- Deceased: 206 debtors were confirmed deceased and the information updated in HARI.
- Collections and Recoveries \$3,675,775.84 was recovered in Calendar Year 2009.

FY 2010	OAHU	MAUI	KAUAI	HILO	KONA	TOTAL
COMPLAINTS	619	162	46	164	72	1063
REFER TO ATG	42	11	5	6	4	68
INDICTED/PVC	56	10	4	7	3	80
CONVICTED	42	8	3	8	1	62
REFER ADH	96	2	0	0	0	98
ADH GUILTY	39	2	0	0	0	41
ADH WAIVERS	92	63	2	9	5	171
REFER TO ATG	\$	\$	\$	\$	\$	\$
FINANCIAL	230,408.00	22,297.00	4,187.00	90,451.00	7,935.00	355,278.00
FOOD STAMPS	186,166.00	39,055.00	11,790.00	40,048.00	12,816.00	289,875.00
MEDICAL	13,288.00	21,424.00	25,548.77	1,037.76		61,298.53
CHILD CARE	147,388.84	13,129.00		9,496.74	20,227.00	190,241.58
OTHER	736.48		65,930.80	4,923.06		71,590.34
TOTAL	577,987.32	95,905.00	107,456.57	145,956.56	40,978.00	968,283.45
INDICTED	\$	\$	\$	\$	\$	\$
FINANCIAL	406,989.00	21,452.00	387.00	100,935.00		529,763.00
FOOD STAMPS	264,281.00	37,853.00	5,260.00	49,053.00	2,640.00	359,087.00
MEDICAL	77,242.90	20,899.00	20,672.77	1,037.76		119,852.43
CHILD CARE	126,304.84	17,102.00		9,496.74	20,227.00	173,130.58
OTHER	736.48			33,225.56		33,962.04
TOTAL	875,554.22	97,306.00	26,319.77	193,748.06	22,867.00	1,215,795.05
CONVICTED	\$	\$	\$	\$	\$	\$
FINANCIAL	328,689.00	1,898.00	6,105.00	83,372.00		420,064.00
FOOD STAMPS	295,171.00	29,005.00	12,110.00	44,076.00		380,362.00
MEDICAL	109,928.12	14,888.00	3,493.00	40,822.39		169,131.51
CHILD CARE	144,635.20	24,027.00			20,227.00	188,889.20
OTHER	5,579.09			32,954.42		38,533.51
TOTAL	884,002.41	69,818.00	21,708.00	201,224.81	20,227.00	1,196,980.22

REFER ADH	\$	\$	\$	\$	\$	\$
FINANCIAL	20,908.00					20,908.00
FOOD STAMPS	51,394.00	1,710.00				53,104.00
MEDICAL						
CHILD CARE						
OTHER						
TOTAL	72,302.00	1,710.00				74,012.00
ADH & WAIVERS	\$	\$	\$	\$	\$	\$
FINANCIAL	64,348.00	23,935.00		14,465.00	13,503.00	116,251.00
FOOD STAMPS	96,670.00	69,678.00	2,801.00	7,776.00	2,781.00	179,706.00
MEDICAL		4,919.00				4,919.00
CHILD CARE		1,440.00				1,440.00
OTHER						
TOTAL	161,018.00	99,972.00	2,801.00	22,241.00	16,284.00	302,316.00

CHAPTER SIX: ATTACHED AGENCIES

Two agencies, the Office of Youth Services (OYS) and the Housing and Community Development Corporation of Hawaii (HCDCH) and two commissions, the Hawaii State Commission on the Status of Women and the Commission on Fatherhood are attached to the DHS for administrative purposes.

A. OFFICE OF YOUTH SERVICES (OYS):

Programs, Services, Achievements, and Looking Ahead

The Legislature established the Office of Youth Services (OYS) in 1989 to provide and coordinate a continuum of services and programs in every county for youth-at-risk, to prevent delinquency and reduce the incidence of recidivism. Although a core responsibility of the OYS is to manage and operate the state's only Hawaii Youth Correctional Facility (HYCF), the agency places great emphasis on providing and supporting "front end" prevention, diversion, and intervention services.

Programs & Service Areas

The OYS focuses on seven programs and service areas that address youth needs ranging from prevention to incarceration and after-care. The following is a brief description of the programs and services the OYS provides.

1) Positive Youth Development (PYD)

The PYD programs are offered by 22 private non-profit providers and have served over 5,000 youth, including urban and rural youth. Funded by the OYS, targeted youth were homeless, truant, in foster care and group homes, pregnant and parenting youth, and youth at-risk who had contact with the police. Because these youth were at-risk for educational failure or involvement in the juvenile justice system, services and activities aim to help these youth develop resiliencies so they can successfully transition to young adulthood.

2) Youth Gang Prevention and Intervention

The OYS funded youth gang prevention and intervention services that included development and implementation of community response teams and gang mediation services. Targeted youth were ages 11 to 18 and engaged in either emergent or more established gang behavior. Services were provided by Adult Friends for Youth and the City and County of Honolulu, and included community mobilization efforts, strategies for gang prevention and intervention, and formal mediation services for youth gang members.

3) Truancy Prevention and In-School Suspension

In collaboration with the Department of Education, the OYS offered services to enhance school engagement and performance to ensure educational success for at-risk youth and their families. Targeted youth were ages 7 to 18 and at risk for truancy and chronic absences. The three funded agencies provided service and activities that promoted attendance, attachment, and achievement to ensure educational success.

4) Attendant Care

Attendant Care provided arrested status offenders and non-violent law violators ages 10 to 17 with a safe, secure alternative to police lock-ups. They also had 24-hour access to immediate crisis intervention, assessment, referral, and short-term case management services. The program ranges from one-to-one supervision (attendant care) for youth whose parents cannot be contacted, to short-term case management and/or access to emergency shelter services for youth needing longer stays. These services helped divert juveniles from further involvement with the juvenile justice system and provide immediate intervention at the time of arrest. In FY 2010, over 200 youth were served by four OYS-funded contracts.

5) Community-Based Outreach and Advocacy

The OYS provided intervention case advocacy services to youth whose unhealthy, risky behaviors placed them at-risk for initial or further penetration into the juvenile justice system. Four funded providers identified and engaged youth and family to provide intake and assessment, assist in creating a youth/family-driven service plan, to support youth/family in accessing services, and to provide follow-up to ensure services were properly provided. In FY 2010, over 280 youth were served by the OYS-funded providers.

6) Community-Based Residential Services

Youth who cannot or will not remain at home were served by community-based residential programs that helped them prepare for return to community living. Programs focused on improving youths' decision-making, social, and independent living skills, and enhancing their commitment to learning and education. Under the umbrella of 19 contracts, seven different providers offered a range of residential programs on all major islands. More than 200 youth remain on their respective islands near family and other community support systems. These residential programs included:

- Emergency Shelters for youth ages 10 to 18: Recently arrested status offenders, non-violent law violators, intoxicated, troubled, abused, or neglected youth requiring short-term shelter and related services that addressed a present crisis.

- Independent Living Programs for youth ages 17 to 22: Troubled, abused, neglected, or adjudicated, and lack the attitudes, skills, and resources for independent living.
- Level I Non-Intensive Programs for youth ages 12 to 18: Troubled, abused, neglected, or adjudicated, and who had been identified as moderate-risk in one or more areas of need.
- Level II Intensive Programs for youth ages 12 to 19: Troubled, abused, neglected, or adjudicated, identified as high-risk in one or more areas of need, unable to function in a pro-social manner without constant supervision and support, and assessed as high flight risk.
- Statewide Ke Kama Pono (“Children of Promise”) Safe Houses are community-based residential alternatives for troubled youth who are at-risk of penetrating further into the juvenile justice system. A diversion from the institutional setting of the HYCF, the Ke Kama Pono program provides guidance and support for troubled youth in a highly structured, closely supervised rehabilitative environment, while preparing the youth to reintegrate back into their respective communities.

7) Hawaii Youth Correctional Facility (HYCF)

The HYCF is a 56-bed facility whose primary purpose is to provide care and custody of at-risk youth committed to the State by the Family Courts. A safe and secure setting, the HYCF provides a variety of counseling, treatment, and educational services within the facility to aid in the redirection and rehabilitation of each youth ward. The programs conducted within the facility are intended to provide guidance and opportunities for positive behavioral changes.

8) Federal Grant Programs

In addition to the service areas, the OYS also oversees and manages a variety of federal grant programs that enable the State to improve the juvenile justice and education systems and/or implement local programs and services for youth. These federal grant programs come from the **U.S. Office of Juvenile Justice and Delinquency Prevention**. In 1974, Congress enacted the federal Juvenile Justice and Delinquency Prevention (JJDP) Act to improve the effectiveness of the juvenile justice system. Statutorily, the administration of the provisions of the JJDP Act rests with the Office of Youth Services [see HRS §571-32(k) and HRS §352F-5(b)]. The State of Hawaii’s compliance with the JJDP Act results in funding for juvenile justice programs from the United States Department of Justice’s Office of Juvenile Justice and Delinquency Prevention (OJJDP). More importantly, compliance with the JJDP Act protects the State from civil suits related to conditions of confinement litigation as the courts have found that jailing juveniles violates the 8th Amendment (Cruel and Unusual Punishment) and the 14th Amendment (Due Process). However, due to the 2009 Reduction in Force that eliminated 70% of the OYS staff, the previous administration transferred the responsibilities associated with the JJDP Act and the OJJDP grant requirements to the Hawaii Department of Defense. Though those responsibilities remained with the Department of Defense throughout Fiscal Year 2011, the funding continued to impact OYS. Therefore, the following summary is offered:

- **JJDP Act, Title II, Formula Grants Program** enables states to meet and maintain compliance with the four core requirements of the JJDP Act, support delinquency prevention efforts, and improve the juvenile justice system. The core requirements mandate the deinstitutionalization of status offenders, removal of law violators from jails and lockups, elimination of sight and sound contact between juveniles and adult offenders, and reduction of the disproportionate numbers ethnic minority youth who come into contact with the law.

- **JJDP Act, Title V, Incentive Grants for Local Delinquency Prevention Program** is aimed at reducing delinquency and youth violence by supporting local communities in implementing delinquency prevention programs. Counties that are in compliance with core requirements of the JJDP Act received grants.
- **Juvenile Accountability Incentive Block Grant (JAIBG)** provided funds to states and units of local government to promote greater accountability in the juvenile justice system. Through this program juvenile offenders were held accountable for their wrongdoing by individualizing their consequences, and by being made aware of and answerable for the loss, damage, or injury perpetuated upon victims.

U.S. Department of Education, Title IV, Part A, Safe and Drug Free Schools and Communities Act (SDFSCA) State Formula Grants, Governor’s Program

The OYS administered the Governor’s program which is 20% of the total award received by the State, for the purpose of fostering safe and drug-free learning environments and supporting academic achievement. The Governor’s portion is primarily awarded to community-based agencies that provide drug-use prevention and violence prevention activities for populations needing special services, such as drop-outs, suspended and expelled students. The services also targeted youth between the ages of 10 to 19 who had contact with the police, or were experiencing social, emotional, psychological, educational, moral, physical or similar problems, or who were of ethnicities over-represented within the juvenile justice system.

U.S. Department of Health and Human Services--Title XX Block Grant

The OYS utilizes funding from the Title XX Block Grant Program to provide services to at-risk youth and youth in need of foster care. A primary goal of this grant is to increase the level of self-sufficiency for youth and prevent institutionalization within the social welfare or juvenile justice systems.

OYS Achievements in FY 2011

In-Community Programs:

OYS continued funding for more than 90 contracts to community-based agencies to enhance the continuum of services offered within geographic regions and to address the needs of at-risk youth and their families statewide. Over 12,000 children and youth were served under the umbrella of these contracts.

The OYS collaborated with the Benefits, Employment and Support Services Division (BESSD) to procure federal service contracts funded by Temporary Assistance for Needy Families (TANF) federal funds relating to Teen Pregnancy Prevention (Purpose 3) through Non-School Hours and Positive Youth Development Programs for youth at-risk. Contracts were funded with 12 community agencies statewide to provide non-school hour program services, ranging from instructions in the creative arts to life-skills building through music therapy.

The OYS partnered with the Judiciary, the Family Court, and the Juvenile Justice State Advisory Council to implement the Juvenile Detention Alternatives Initiative (JDAI) under the guidance of the Annie E. Casey Foundation. Implementation of JDAI core strategies help to eliminate inappropriate or unnecessary use of secure detention, minimize failures to appear and incidences of delinquent behavior, redirect public finances to successful reform strategies, improve conditions in secure detention facilities, and reduce minority over-representation in the juvenile justice system.

The OYS targeted at-risk youth who did not require out-of-home placement, but still needed comprehensive, structured and intensive day/evening educational services. The educational/vocational services were designed to help youth reintegrate back into appropriate, less restrictive educational settings.

The OYS sponsored training that promoted acceptance of and embraced diversity in the community. In partnership with the Queen Lili'uokalani Children's Center, Al and Jane Nakatani (who lost three sons to AIDS and violence) presented "Honor Thy Children" workshops statewide. They focused on raising awareness about the human denigration process and how it can have devastating and tragic effects on youth and families, especially those who are different from the majority culture, such as the LGBTQ community.

The OYS also continues to work closely with the courts in all four judicial circuits to expand community-based treatment and monitoring as alternatives to confinement at the youth correctional facility. The FY 2012 Requests for Proposals concentrate on meeting the needs of adjudicated youth on probation as a means of decreasing the number of commitments to HYCF.

Hawaii Youth Correctional Facility

The Hawaii Youth Correctional Facility (HYCF) was sued in 2005 under the Civil Rights of Institutionalized Persons Act (CRIPA) filed by the U.S. Department of Justice (DOJ) on behalf of the incarcerated youth wards. In February 2006, the lawsuit was settled through a Memorandum of Agreement (MOA) between the State of Hawaii and the DOJ.

OYS and the HYCF administration and staff worked diligently during this fiscal year to end federal oversight of the HYCF. In a letter dated May 11, 2011, from the Civil Rights Division of the DOJ to Hawaii's Department of the Attorney General, in part, the following was written:

- *We write to inform the State that we are closing our investigation of conditions of confinement at the Hawaii Youth Correctional Facility, following our review of the State's December 2010 letter outlining its plans to address the remaining action items reported incomplete by Mr. Russ Van Vleet, Monitor, and Lindsay Hayes, Monitor's Consultant, in their September 2010 report.*

The average daily population at HYCF for the FY 2011 was 51 youth – which was a 30% reduction from the previous fiscal year. Concurrently, the number of admissions to HYCF decreased equally.

New programs were developed and implemented to expand the rehabilitative opportunities available to our youth, including much needed transitional services for youth exiting the facility. These programs not only assisted with population control but also helped reduce recidivism by better preparing our youth for adult life in the community.

HYCF began a collaboration with Project Kealahou to enhance gender specific programming for incarcerated girls. The project is funded through a federal SAMHSA (Substance Abuse and Mental Health Services Administration) grant awarded to the Hawaii Department of Health. The project focus is two-fold. Advocates/counselors from the program work directly with the girls who have been the victims of trauma. Additionally, it provides trauma-informed training for the Youth Correctional Officers to enhance their sensitivity to trauma-related issues and to broaden the skill base and knowledge and of those who work with the female population.

OYS Focus in FY 2012

- Enhance services and programs to best meet the needs of adjudicated youth on probation; to prevent further penetration into the juvenile justice system; to reduce recidivism; and to maximize opportunities for youth to become productive, responsible citizens.

- Ensure adjudicated youth are placed in the least restrictive environment possible – without jeopardizing public safety, consistent with nationwide best practices,.
- Increase community based, family-focused treatment interventions.
- Participate in the Juvenile Detention Alternatives Initiative (JDAI) Program that promotes detention reform efforts and alternatives to incarceration.
- Improve provider accountability to ensure that youth programs meet the needs of children and communities.
- Collect outcome data to improve program performance and youth success.
- Prioritize youth needs and enhance fiscal responsibility to ensure that moneys are being directed to meet the most serious needs of youth.
- Continue to improve conditions and programs at the HYCF.

Provider Focus in FY 2012

- Improve reporting systems and reduce paperwork for both contractors and the OYS.
- Provide training opportunities for contractors, HYCF staff, and the community.
- Maintain continuity in programs and services for youth and their families.
- Explore partnerships with public and private funding resources to maintain and enhance service capacity for the community.

B. HAWAII PUBLIC HOUSING AUTHORITY

The Hawai'i Public Housing Authority (HPHA) administers and manages State and federal low-income public housing and subsidy programs. To provide more coordinated and comprehensive services to homeless families and individuals, homeless services programs, formerly a branch of HPHA, were transferred to DHS-BESSD by legislative action on July 1, 2010.

- HPHA is the State's largest landlord with almost 6,200 housing units throughout Hawaii.
- HPHA operates 5,331 federal low-income public housing units and another 864 State-funded units.
- HPHA is guided by an 11-member Board of Directors, which is appointed by the Governor.

Federal public housing is subject to regulations of the U.S. Department of Housing and Urban Development (HUD), which also provides the majority of funding for HPHA. To qualify for entry into public housing, applicants must meet low-income standards and other eligibility requirements. The demand for low-income housing far exceeds the supply, resulting in a waiting list of over 11,000 households with applications for State and federal public housing.

The federally-funded Section 8 Housing Choice Voucher (HCV) Program and the State-funded Rent Supplement Program enable low-income families or individuals to find private, market-rate housing in communities of their choice by subsidizing their monthly rent payments. In addition to 1,773 HCV recipients, there are 124 veterans currently benefiting from the Veterans Affairs Supportive Housing (VASH) program. It combines HCV rental assistance for homeless veterans with Veterans Affairs case management and clinical services at its medical centers and in the community. The success of this program has led to an additional 50 vouchers being awarded to the HPHA for administration.

Funding for public housing comes from federal and State subsidies and tenant rental payments. But these revenues do not sufficiently cover the long-term costs of maintenance and renovation for HPHA's aging housing inventory. To find new means of providing safe, decent and affordable housing, the HPHA Board of Directors authorized the HPHA Executive Director to enter into a public-private partnership to redevelop the State's largest public housing complex, Kuhio Park Terrace/Kuhio Homes. The HPHA has undertaken the first phase of this neighborhood transformation process by entering into a mixed finance partnership with a consortium of developers and public and private investors. The goal is to revitalize the Kuhio Park Terrace high-rise buildings, and expand redevelopment efforts to the surrounding Kuhio Homes and larger Kalihi neighborhood.

The HPHA is pursuing this and other models to leverage private investment dollars, and therefore free up public funds, for use in other areas of need and to improve existing physical assets. The sale of Banyan Street Manor which closed in May 2011, and the sale of Wilikina Apartments scheduled to close in late 2011, are other properties benefiting from the infusion of private funds into low-income housing. For more information on the HPHA go to www.hpha.hawaii.gov

C. COMMISSION ON THE STATUS OF WOMEN (HSCSW) Programs, Services, Achievements, and Looking Ahead

The Hawaii State Commission on the Status of Women (HSCSW) was established on May 15, 1964, by executive order of the Governor and made permanent by Act 190, Session Laws of Hawaii 1970. The HSCSW was established to aid in the implementation of recommendations, to develop long range goals and to coordinate research planning, programming and action on the opportunities, needs, problems and contributions of women in Hawaii.

Over its 46 year history, the Commission has worked to ensure that women and girls receive full and equal coverage under the law by informing government and non-government agencies and the public about women's rights, opportunities, contributions, and responsibilities; advocating for the enactment or revision of laws and/or policies that eliminate gender discrimination; identifying and supporting programs and projects that address women's concerns and needs; and establishing and maintaining an active presence in the community by facilitating information dissemination, acting as a liaison, clearinghouse, and coordinating body for issues relating to women. The HSCSW is the statewide link between the Honolulu, Maui, Kauai and Hawaii County Committees on the Status of Women, and the University of Hawaii President's Commission on the Status of Women.

The work of the HSCSW is largely based upon effective public/private partnerships and its networking among a variety of diverse boards, coalitions, professional and community groups and organizations. Its efforts address a wide range of issues impacting women and girls, including education and employment, the social, political and legal arenas, and economics and healthcare. HSCSW continues to connect with the women around the State and to actively represent them during the Legislative Session. HSCSW once again took up the role of supporting women's organizations in the community by chairing the Hawaii Women's Coalition.

Our goal now is to revitalize the programs of the Hawaii State Commission on the Status of Women in the wake of budget and staffing restrictions, to strengthen the statewide link between the HSCSW and the County Committees on the Status of Women, and to begin working to meaningfully impact the lives of women and girls in the State of Hawaii.

Future Plans

- ***Women's Health Month***

September is Women's Health Month in Hawaii. Women's Health Month was initiated in 1994 by the HSCSW with the purpose of maximizing public awareness of women's health issues, empowering women to be their own health advocates, reducing health care disparities, and promoting the physical and emotional well-being of women in Hawaii. The goal of Women's Health Month is to widely communicate that women's health is more than the absence of disease; it encompasses physical, mental, emotional and social well-being. . For the 15th year, the Hawaii State Commission on the Status of Women has organized Women's Health Month events statewide. Events includes educational workshops, health fairs, lectures, fitness activities and other special events. The HSCSW will continue to grow this signature event.

- ***Hawaii Women's History***

The HSCSW has begun collecting interviews to establish the Hawaii Women's Oral History Collection. The purpose of the collection is to record women's stories in their own voices, and the goal is to enable them to speak to Hawaii's future by sharing their wisdom and knowledge. We hope the women's community will embrace the Hawaii Women's Oral History Collection and work with HSCSW to ensure their stories and those of the women who have touched their lives are told. HSCSW will encourage statewide events highlighting the contributions of women in the community, including celebrating the 30th anniversary of the nation's women's history month tradition. In 2010 the theme was *Writing Hawaiian Women Back into History*.

- ***Ready to Run™***

Ready to Run™ is a bi-partisan effort to recruit and train women to run for all levels of public office. Its mission is to promote greater knowledge and understanding about women's participation in politics and government, and to enhance women's influence and leadership in public life. This one-day training presents a unique opportunity for potential women candidates and campaign managers to hear directly from prominent elected and appointed leaders, campaign consultants, and party officials about how to get ready to run. *Ready to Run™* is for women considering public office, running for higher office, or working on a campaign. The program builds a strong foundation for the HSCSW's mandate of *educating women on their political rights and responsibilities*.

- ***Wage Club***

The WAGE (Women are Getting Even) Project has launched a collaborative grassroots program designed to help close the wage gap between working women and men. Across the country, women are coming together to discuss the wage gap and what they can do to address pay disparities. HSCSW collaborates with organizations in our local community to examine this issue.

- ***Legislative Agenda***

HSCSW works with the Hawaii Women's Coalition, made up of stakeholders dedicated to women's advocacy, to participate in the legislative process and advocate on issues and strengthen laws impacting women, children and families in areas such as economic security, domestic violence, violence prevention, human trafficking, sexual assault, employment, affordable housing, health and well-being, elder care, voting, and women offenders.

- ***Women's Safety***

HSCSW works with a coalition of State, military and non-governmental agencies on domestic violence awareness and advocacy issues and projects. This includes planning Domestic Violence Awareness Month in Hawaii with other non-profits to present a month-long violence prevention conference focused on anti sex-trafficking. The conference goal is to help prevent violence against women and girls through education, art and grassroots community involvement.

Looking Ahead

The Hawaii State Commission on the Status of Women is committed to building a statewide network that supports women and girls. One of the major challenges will be reconnecting with the women of the community and the organizations focused on supporting them. We have begun re-evaluating the needs of women in the State and designing programs to address those needs, while at the same time, strengthening our national and international connection to women's advocacy.

D. HAWAII COMMISSION ON FATHERHOOD

The Commission on Fatherhood serves in an advisory capacity to State agencies to promote healthy family relationships between parents and children. It also promotes involved, nurturing, and responsible fatherhood. The presence of fathers has a positive impact on the lives of their children, as reflected in better school performance, fewer high-risk behaviors, higher self-esteem, and less substance abuse. The Commission makes recommendations on programs, services, and contracts relating to children and families.

**APPENDIX I
FISCAL YEAR 2011 BUDGET**

By Division and Attached Agency

<u>Division</u>	<u>HMS</u>	<u>Program Title</u>	<u>Positions</u>	<u>Amount</u>
BESSD	202	Aged, Blind & Disabled Payments	0.00	\$4,029,480
BESSD	204	General Assistance Payments	0.00	\$25,289,056
BESSD	206	Federal Assistance Payments	0.00	\$5,000,000
BESSD	211	Cash Support for Families Pursuing Self-Sufficiency	0.00	\$62,928,485
BESSD	224	Homeless Services	4.00	\$15,439,380
BESSD	236	Case Management for Self-Sufficiency	631.00	\$30,468,801
BESSD	237	Employment and Training	0.00	\$1,667,046
BESSD	302	General Support for Child Care Services	41.00	\$9,156,380
BESSD	305	Cash Support for Child Care	0.00	\$58,762,565
BESSD	903	General Support for Self-Sufficiency Services	69.00	\$75,008,266
MQD	401	Health Care Payments	0.00	\$1,387,615,189
MQD	902	General Support for Health Care Payments	299.00	\$23,908,081
SSD	301	Child Protective Services	535.00	\$60,861,489
SSD	303	Child Protective Services Payments	0.00	\$63,211,679
SSD	601	Adult Community Care Services Branch	75.00	\$10,621,660
SSD	605	Community-Based Residential Support	0.00	\$17,125,395
SSD	901	General Support for Social Services	16.00	\$3,085,041
VRSBD	238	Disability Determination	45.00	\$7,159,652
VRSBD	802	Vocational Rehabilitation	122.50	\$18,049,026
HCDCH	220	Rental Housing Services	184.00	\$41,225,482
HCDCH	222	Rental Assistance Services	18.00	\$26,715,174
HCDCH	229	HCDCH Administration	88.00	\$36,574,479
OYS	501	In-Community Youth Programs	24.00	\$12,333,959
OYS	503	Hawaii Youth Correctional Facility	124.00	\$9,757,222
CSW	888	Commission on the Status of Women	1.00	\$156,478
ADMIN	904	General Administration of the DHS	<u>154.00</u>	<u>\$7,495,677</u>
DHS TOTAL:			2,430.50	\$2,013,645,142

APPENDIX II

FINANCIAL ASSISTANCE PROGRAM - MONTHLY ASSISTANCE ALLOWANCE (Effective July 1, 2010)													
HH SIZE	Standard of Need	TANF/ GA Ref	TANF -20%	GA	ABD	HH SIZE	Standard of Need	TANF	TANF -20%	HH SIZE	Standard of Need	TANF	TANF -20%
1	939	450	360	319	319	6	2568	1232	986	11	4197	2014	1611
2	1265	607	485	430	430	7	2894	1389	1111	12	4523	2171	1736
3	1590	763	610			8	3220	1545	1236	13	4849	2327	1862
4	1916	919	735			9	3545	1701	1361	14	5175	2484	1987
5	2242	1076	860			10	3871	1858	1486	15	5500	2640	2112
										15+	+326		

Standard of Need is the 100% Federal Poverty Level Standard established by the federal government effective July 1, 2006. Changes in the standard of need shall be adjusted annually per legislative approval.

- TANF and GA Refugees Monthly Assistance Allowance is 48% of the Standard of Need effective July 1, 2009.
- TANF mandatory work required households Monthly Assistance Allowance is reduced by 20% effective July 1, 2009.
- GA Monthly Assistance Allowance is 34% of the Standard of Need effective October 1, 2011.
- ABD Monthly Assistance Allowance is 34% of the Standard of Need effective June 1, 2010.
- Excludes medical care costs which are met in full by the Department through its Medicaid Program
- Excludes Supplemental Nutrition Assistance Program (additional benefits) which varies by family size and net income
- Emergency assistance due to natural disaster provided.
- Recipients for the cost of replacing or repairing household appliances (refrigerator & stove) limited to cost not to exceed \$350.

Amount of assets disregarded:	TANF:	\$5,000 regardless of family size
	GA, AABD, SSI:	\$2,000 - 1 person; \$3,000 - couple

SUPPLEMENTAL NUTRITION ASSISTANCE PROGRAM (Effective October 1, 2011)														
Household Size	MGI 200% (BBCE only)	Monthly Gross Income 130%	Monthly Net Income	Thrifty Food Plan	Household Size	MGI 200% (BBCE only)	MGI 130% FPL	MNI 100% FPL	Thrifty Food Plan	Household Size	MGI 200% (BBCE only)	MGI 130% FPL	MNI 100% FPL	Thrifty Food Plan
1	2090	1359	1045	314	6	5750	3737	2875	1491	11	9410	6116	4704	2592
2	2822	1835	1411	575	7	6482	4212	3240	1648	12	10142	6592	5070	2828
3	3554	2310	1777	824	8	7214	4688	3606	1884	13	10874	7068	5435	3064
4	4286	2786	2143	1046	9	7946	5164	3972	2120	14	11606	7544	5801	3300
5	5018	3261	2509	1243	10	8678	5640	4338	2356	15	12338	8020	6167	3536
										15+	+732	+476	+366	+236

* Households with an elderly or disabled person must meet Monthly Net Income limits.

Amount of assets disregarded:	Households with at least one member age 60 or older:	\$3,250 regardless of family size Eff. 10/01/11
	Households with a totally disabled person	\$3,250 regardless of family size Eff. 10/01/11
	Regular households including 1 person households:	\$2,000 regardless of family size
	BBCE HHS	Unlimited
Standard Deduction:	For household size of 1 through 5 members	\$208
	For household size of 6 members	\$239
Gross earned income deduction:	From household's gross earned income	20%
Shelter Deduction:	Non-elderly or disabled household:	Up to a maximum of \$619
	Elderly or disabled household	Unlimited
	Homeless household	\$143
Dependent Care deduction:	Per dependent child under two years of age	Unlimited per child
	Per other dependents	Unlimited per dependent

TITLE XVI OF SOCIAL SECURITY ACT (Effective January 1, 2012)

AABD-SSI Updated Summary of State Supplemental Payment Plan for SSI Recipients (3.6% Increase)

Living in:	Independent Arrangement		Household of Another		Domiciliary Care Type 1 (5 or less residents)		Domiciliary Care Type 2 (6 or more residents)		Medical Institution (Medicaid Certified Facility) Personal Needs Allowance (PNA)	
	Single	Couple	Single	Couple	Single	Couple	Single	Couple	Single	Couple
	1/12-12/12	1/12-12/12	1/12-12/12	1/12-12/12	1/12-12/12	1/12-12/12	1/12-12/12	1/12-12/12	07/07-	07/07-
Federal	698.00	1048.00	473.34	711.00	698.00	1048.00	698.00	1048.00	30.00	60.00
State	0	0	0	0	651.90	1640.80	759.90	1856.80	20.00	40.00
Total	698.00	1048.00	473.34	711.00	1349.90	2688.80	1457.90	2904.80	50.00	100.00

*Eff. 10/01/09: SNAP Cost-of Living adjustments to the standard and shelter deductions, and the gross and net income eligibility standards.